

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90032 044 \*\*\*\*55.00

<b>DOCUMENT # L04000032959</b> 1. Entity Name <b>2420 NORTH FEDERAL HIGHWAY, LLC</b>			
Principal Place of Business <b>7777 GLADES ROAD STE. 300</b> <b>BOCA RATON, FL 33434</b>		Mailing Address <b>7777 GLADES ROAD STE. 300</b> <b>BOCA RATON, FL 33434</b>	
2. Principal Place of Business <b>2200 N. Federal Hwy.</b> Suite, Apt. #, etc. <b>Suite 202</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b>		3. Mailing Address <b>2200 N. Federal Hwy.</b> Suite, Apt. #, etc. <b>Suite 202</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b>	
4. FEI Number <b>04-3790759</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		04192005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>WHEELER, JAMES J P.A.</b> <b>7777 GLADES ROAD STE. 300</b> <b>BOCA RATON, FL 33434</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>Wheeler, James, J P.A.</b> <b>7777 Glades Road Ste. 300</b> <b>Boca Raton, FL 33434</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Managing Member</b> <b>Ward Kellogg</b> <b>2200 N. Federal Hwy. Ste. 202</b> <b>Boca Raton, FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> <u>Ward Kellogg, Mg.</u>		Date <u>April 20, 2005</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		561-392-5444 <small>Daytime Phone #</small>	