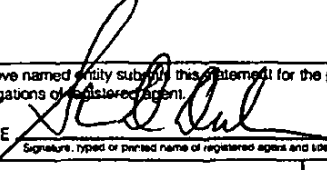
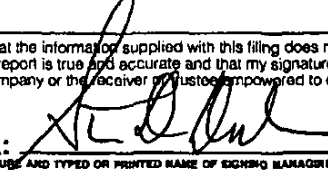


FILED
May 23, 2005 8:00 am
Secretary of State

04-27-2005 90034 037 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

47.

DOCUMENT # L04000036527			
1. Entity Name DUBROW DUKER & ASSOCIATES, LLC			
Principal Place of Business 2002 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		Mailing Address 2002 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	
Principal Place of Business 5401 N. UNIVERSITY DR Suite, Apt. #, etc. SUITE 204 City & State CORAL SPRINGS FL ZIP 33067		3. Mailing Address 5401 N. UNIVERSITY DR Suite, Apt. #, etc. SUITE 204 City & State CORAL SPRINGS FL ZIP 33067	
04222005 Chg-LLC CR2E083 (10/03)		4. FEL Number 13-4281176	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DUBROW DUKER & ASSOCIATES, P.A. 2002 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name 5401 N. UNIVERSITY DR Street Address (P.O. Box Number is Not Acceptable) SUITE 204 City CORAL SPRINGS FL 33067	
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  DATE 4/22/05 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM DUBROW, B. ALAN 2002 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition 5401 N. UNIVERSITY DRIVE, SUITE 204 CORAL SPRINGS FL 33067	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM DUKER, STEVEN 2002 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition 5401 N. UNIVERSITY DRIVE, SUITE 204 CORAL SPRINGS FL 33067	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ 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 686, Florida Statutes. SIGNATURE:  Managing Member 4/22/05 (954) 345-0323 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			