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May 23, 2005 8:00 am
Secretary of State
04-27-2005 90034 037 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

30006992

04222005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000036527

1. Entity Name
DUBROW DUKER & ASSOCIATES, LLC

Principal Place of Business	Mailing Address
~~2032 UNIVERSITY DRIVE~~	~~2032 UNIVERSITY DRIVE~~
~~CORAL SPRINGS, FL 33065~~	~~CORAL SPRINGS, FL 33065~~

2. Principal Place of Business		3. Mailing Address	
5401 N. University Dr		5401 N. University Dr	
Suite, Apt. #, etc. Suite 204		Suite, Apt. #, etc. Suite 204	
City & State Coral Springs FL		City & State Coral Springs FL	
Zip 33067	Country	Zip 33067	Country

4. FEI Number 13-4281176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DUBROW DUKER & ASSOCIATES, P.A.
~~2032 UNIVERSITY DRIVE~~
~~CORAL SPRINGS, FL 33065~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 5401 N. University Dr
Ste 204
City Coral Springs FL Zip Code 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 [signature] 4/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ~~2032 UNIVERSITY DRIVE~~ ~~CORAL SPRINGS, FL 33065~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5401 N. University Drive, Ste 204 Coral Springs FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUKER, STEVEN ~~2032 UNIVERSITY DRIVE~~ ~~CORAL SPRINGS, FL 33065~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5401 N. University Drive, Ste 204 Coral Springs FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 608, Florida Statutes.

SIGNATURE: [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 #