

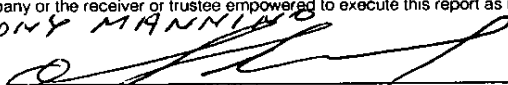


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90051 039 ****50.00

DOCUMENT # L04000038417 1. Entity Name 2401 FRIST REALTY ASSOCIATES, LLC					
Principal Place of Business 3210 S. OCEAN BLVD., UNIT 204 HIGHLAND BEACH, FL 33487			Mailing Address 3210 S. OCEAN BLVD., UNIT 204 HIGHLAND BEACH, FL 33487		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO BOX 1617 Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">20058212</div>  <div style="display: flex; justify-content: space-around; font-size: 10px;"> 05022005 Chg-LLC CR2E083 (10/03) </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <div> 4. FEI Number 20-1404569 </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="font-size: 10px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required </div>	
City & State City: RAYON FL		City & State City: RAYON FL			
Zip 33429		Zip 33429			
Country US		Country US			
6. Name and Address of Current Registered Agent MANNINO, ANTHONY SR 3210 S OCEAN AVENUE, UNIT 204 HIGHLAND BEACH, FL 33487				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;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNINO, ANTHONY SR 3210 S. OCEAN BLVD., UNIT 204 HIGHLAND BEACH, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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.				ANTHONY MANNINO	
SIGNATURE: 				Date: 5-4-05 Daytime Phone #: 561-265-2903	