2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 03, 2005 8:00 am Secretary of State

05-03-2005 90013 006 ****50.00

Principal Place of Business 1023E GREEN PINE BOULEVARD WEST PALM BEACH, FL 33409 2. Principal Place of Business 515 N. FLAG LER ORIVE SINO, Apt A, etc. SIN
Suite, Apt. 8, etc. ST - 3D P Suite,
Suile, Apt. #, etc. ST - 3DDP City & State WEST PALM BEACH, FL City & State Street Address of Now Registered Agent 7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street A
City & State WEST PALM GEACH, FL City & State WEST PALM GEACH, FL City & State Country CS Countr
Spanish
FILING Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS TITLE MANAGE MANAGING MEMBERS/MANAGERS TITLE MANAGE MANAGING MEMBERS/MANAGERS TITLE MANAGE MANAGING MEMBERS Delete MANAGING SECRET PALM BEACH, FL 33409 TITLE MANAGE STREET ADDRESS CITY-ST-2P TITLE MANAGE
PATEMAN, MARK L ESQ. 312 CLEMATIS STREET SUITE 403 WEST PALM BEACH, FL 33401 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hood or printed name of registered agent and titls if applicable. (NOTE Registered Agent algorithm required when retinating) DATE
SUITE 403 WEST PALM BEACH, FL 33401 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hiped or printed name of registered agent and tible if applicable. (NOTE Registered Agent agent agreated when remarkating) Part
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CITY-ST-ZIP CITY-ST-ZIP 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
11. Thereby certify that the information supplied with this juing does not qualify for the exemption stated in Section 1 1907 (201), rounds statutes. Tuther 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 cath; 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.
1 show I show
SIGNATURE: () CONTROL OF SIGNING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deptine Prone #