2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State 04-19-2005 90012 020 ****50.00

S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent 9. Name and Addre	DOCUM 1. Entity Name ANOKA HO		# L04000044 s LLC	543					04-19-2005 9	90012 020	0 ****50.	00
Sure. April 4, etc. Suite. April 4, etc. Suite. April 4, etc. O3112005 Chg.LLC CR2E083 (10/03)	1206 E RIDGEV	WOOD ST	3	PO BOX 561557					`च्यादः द			·
City & State City & State City & City & State	2. Principal Plac	ce of Busin	ess	3. Mailing Address		_						
Signature Status Desired Status De	Suite, Apt. #,	etc.		Suite, Apt. #, etc.				03112005 Chg-LLC CR2E083 (10/03)				
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	City & State			City & State				4. FEI Number Applied For X Not Applicable				
Name Street Address (P.O. Box Number is Not Acceptable)	Zip Country			Zip Country								
DELOACH BRYANT CARLA ESQ. 206 EAST RIDGEWOOD STREET ORLANDO, FL 32803 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 acceptable the deligations of registered agent, and the children of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the childpatons of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the childpatons of registered agent. Filling Fee Is \$50.00 Bus by May 1, 2005 Filling Fee Is \$50.00 Bus by May 1, 2005 ITILE MAKE SIREH ADDRESS CITY-51-2P TO Box \$ 561.557 Or lando, FL 32856 CITY-51-2P TO Change Additional and the registered agent and the registered agent and the registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the Florida Change Interest Agent square required agent and the purpose of the appropriate agent agen		6. Name	and Address of Current	Registered Agent				7. Name ar	d Address of New F	Registered A	gent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		<u> </u>		عيمو وربيد مدين يدعه ۱۰۰۰ س		.Name.=				·		
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 access the obligations of registered agent. SIGNATURE: Signature, hyber's predict predictions of required agent and tills if applicable. INCITE Required Agent separate required were invitating DATE	1206 EAST	RIDGEV	VOOD STREET			Street A	ddress (I	P.O. Box Num	ber is Not Acceptabl	e)		
the obligations of registered agent. SIGNATURE Signature Sig	•					City				FL	Zip Code	
Filling Foe is \$50.00 Part of Make check payable to Florida Department of State Filling Foe is \$50.00 NANAGING MEMBERS/MANAGERS TITLE NAME STREE ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STRE				r the purpose of changing its	register	ed office or	r register	ed agent, or b	ooth, in the State of Fl	lorida. I am f	amiliar with,	and accept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES 11TLE	SIGNATURE	ignature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signat	ure required	when reinstating)		DATE		
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Fili Du	ing Fee e by Ma	is \$50.00 y 1, 2005									
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	9.		MANAGING MEMBE	BS/MANAGERS	10.	_			ADDITIONS	/CHANGES		
TITLE Delete TITLE NAME STREET ADDRESS STREET A	TITLE NAME STREET ADDRESS	1.2.1.19	, , , , , , , , , , , , , , , , , , , ,		TITL NAM STRI	IE EET ADORESS	P.o	Pensy Box	561557		Change	Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	SIGNAT	URE:	AND TYPED OR PRINTED NAME O	OF SIGNING WANAGING MEMBER M.	ANAGER, O	R AUTHORIZE	D REPRES	ENTATIVE	√-5 ⁻		Daytime Phone #	