

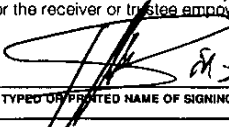


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90052 048 \*\*\*\*50.00

<b>DOCUMENT # L04000045277</b>					
<b>1. Entity Name</b> CHATTANOOGA MOB INVESTORS LLC					
<b>Principal Place of Business</b> 3399 PGA BLVD., SUITE 240 PALM BEACH GARDENS, FL 33410			<b>Mailing Address</b> 3399 PGA BLVD., SUITE 240 PALM BEACH GARDENS, FL 33410		
<b>2. Principal Place of Business</b> 11360 Jog Road Suite, Apt. #, etc. Suite 200		<b>3. Mailing Address</b> 11360 Jog Road Suite, Apt. #, etc. Suite 200		20040603 	
City & State Palm Beach Gardens, Florida		City & State Palm Beach Gardens, Florida		<b>4. FEI Number</b> 34-2000237	
Zip 33418		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SING, MALCOLN S 3399 PGA BLVD., SUITE 240 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11360 Jog Road, Suite 200 Palm Beach Gardens, Florida 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALGANO, JIM 3399 PGA BLVD., SUITE 240 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11360 Jog Road, Suite 200 Palm Beach Gardens, Florida 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  <u>Malcolm S. Sing, managing member, 3/15/05, 561-691-9900</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					