

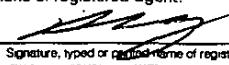



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90186 013 ****50.00

DOCUMENT # L04000047729 1. Entity Name SYDNEY INTERNATIONAL DEVELOPMENT, LLC					
Principal Place of Business 12627 SAN JOSE BOULEVARD STE. 706 JACKSONVILLE, FL 32223			Mailing Address 12627 SAN JOSE BOULEVARD STE. 706 JACKSONVILLE, FL 32223		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01062005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 26-1331090	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GURLEY, CHARLES R JR Phil Cury 1301 RIVERPLACE BOULEVARD STE.1500 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Phil Cury Street Address (P.O. Box Number is Not Acceptable) 12627 SAN JOSE Blvd. Suite 706 City JAX FL Zip Code 32223		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MSR. MEMBER Phil Cury 12627 SAN JOSE Blvd. Suite 706 JAX, FL 32223		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> 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: 			Date 1/11/05 Daytime Phone # 9042687361		