2006 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Apr 03, 2006 08:00 AM DOCUMENT # L04000048007 Secretary of State 221, LLC Malling Address Principal Place of Business 1919 NORTH LAKESIDE DRIVE 1919 NORTH LAKESIDE DRIVE LAKE WORTH, FL 33460 US LAKE WORTH, FL 33460 US 01202008No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2038870 Not Applicable \$5,00 Additional 5. Cenificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZISKA, MAURA A DO NOT WRITE 222 LÁKEVIEW AVENUE SUITE 950 IN THIS SPACE WEST PALM BEACH, FL 33401 \$. 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, typed or printed name of registered agent and role if applicable. DATE (NETVE-Pleasement Accept accepture received when representate) Filing Fee is \$50,00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS ۹. MGRM MLE MINKOFF, BURTON S NAME 1919 NORTH LAKESIDE DRIVE STREET ADDRESS LAKE WORTH, FL 33460 CITY-ST-7P U00000489950 TILE 04/18/06-80036-006 55.00 NULLE STREET ADDRESS CITY-51-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-709 IN THIS SPACE TRE STREET ADDRESS 201Y-51-2P NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-76 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my adnature shall have the same legal effect as if made under oath; that I am a managing member or manager of the illimited liability company of the receivester trusted empowered to execute this report as required by Chapter 808, Florida Statutes.

G MEMBER, OR AUTHORIZED REPRESENTATIVE