## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Jan 31, 2005 8:00 am Secretary of State 01-31-2005 90204 009 \*\*\*\*50.00

Principal Place of Business  2295 NW CORPORATE BLVD. SUITE 240 BOCA RATON, FL 33431  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  LLOYD GRANET, P.A. 2295 NW CORPORATE BLVD. SUITE 240 BOCA RATON, FL 33431  City  Street Address of New Registered Agent  City  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address of Registered Agent  Filling Fee is \$50.00 Due by May 1, 2005  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE  MAKE  STREET ADDRESS  CITY 51.3P  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  MAKE  STREET ADDRESS  CITY 51.3P  CITY 51.3P	1. Entity Nam	MENT # L0400050 EE ST. LUCIE LLC	010	S Mari		01-31-2005 90204 009 ****50.00	
Suite, Apt. #, etc.  Suite, Ap	2295 NW CORPORATE BLVD. Suite 240		2295 NW CORPORATE BLVD. Suite 240			L ICENTRI DA TRAI BION TRAI BOTH DOIR BOTH LANG BOTH DAID BOTH ACCUMUN COTROL NO LICENT	
City & State  Country  Country  S. Certificate of Status Desired   \$5.00 Additional Fee Required  Fee Required  Street Address of New Registered Agent  Name  LLOYD GRANET, P.A.  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  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 Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of Rorida agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of Rorida agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of Rorida agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of Rorida agent, or both, in the State of Rorida agent, or both in the State of Rorida agent, or both in the State of Rorida agent, or both in the	2. Principal F	Place of Business	3. Mailing Address			E I LUDNIEU ALI ABIK BLATI ABIK BAKK TEKK BAKUF AKUK BAKU BAKUF KATI DALIH AK AK AK TABA	
Zip   Country   Zip   Country   St. Certificate of Status Desired   \$5.00 Additional Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032005 Chg-LLC CR2E083 (10/03)	
Country   Zip   Country   St. Certificate of Status Desired   \$5.00 Additional Fee Required	City & State		City & State			4. FEI Number Applied For Not Applied bio	
Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  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, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  Filling Fee is \$50,00  Due by May 1, 2005  MANAGING MEMBERS/MANAGERS  10.  ADDITIONS/CHANGES  Florida: Department of State.  SIREET ADDRESS  GITY-ST-ZIP  Change  STREET ADDRESS  CITY-ST-ZIP  COCA PATON, PL 33431	Zip	Country	Zip	Country		5 Cartificate of Status Desired 55.00 Additional	
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
SUITE 240 BOCA RATON, FL 33431  City  FL Zip Code  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  Signature, hyped or printed name of registered agent and title if applicable.  [NOTE, Registered Agent signature required when reinstating)  DATE  Filling Fee is \$50.00  Due by May 1, 2005  [NOTE Registered Agent signature required when reinstating)  DATE  Filling Fee is \$50.00  Due by May 1, 2005  [NOTE Registered Agent signature required when reinstating)  ADDITIONS/CHANGES  Florida Department of State  TITLE  MANAGING MEMBERS/MANAGERS  III.  NAME  STREET ADDRESS  CITY-SI-2IP  Change  Change  Change  Change  SIREET ADDRESS  CITY-SI-2IP  CITY-SI-2IP  CITY-SI-2IP				-	Street Address (	P.O. Box Number is Not Acceptable)	
City  FL Zip Code  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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent agnature required when reinstating)  DATE  Filling Fee is \$50.00  Due by May 1, 2005  Make check payable to Florida: Department of State.  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE NAME  Dack Lupe  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	SUITE 240	) <sub>         </sub>		· .			
the obligations of registered agent.  SIGNATURE  Signature. Nyped or printed name of registered agent and title if applicable.  Filling 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  JACK LUPO  STREET ADDRESS  CITY-ST-ZIP  Change  STREET ADDRESS  CITY-ST-ZIP  Change  STREET ADDRESS  CITY-ST-ZIP  Change  CITY-ST-ZIP	SOCIATOR, E SOCIA			-	City	FL Zip Code	
Filing Fee is \$50.00 Due by May 1, 2005  MANAGING MEMBERS/MANAGERS  ITTLE  MAME  STREET ADDRESS  CITY-ST-ZIP  MOTE: Registered Agent signature required when reinstating)  Make Check payable to Florida: Department of, State.  ADDITIONS/CHANGES  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  COCA PATO PL 32431  MOTE: Registered Agent signature required when reinstating)  DATE  Make Check payable to Florida: Department of, State.  ADDITIONS/CHANGES  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  COCA PATO PL 32431  CITY-ST-ZIP							
9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE MANAGERS TO Delete NAME  STREET ADDRESS  CITY-ST-ZIP  COCO POTO TO TO SALES  CITY-ST-ZIP  COCO POTO PL 33-431  CITY-ST-ZIP	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Ac	gent signature required	i when reinstating) DATE	
9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  11TLE MANA DOIT ONS/CHANGES  11TLE ITTLE Change MADDITIONS/CHANGES  11TLE ITTLE Change MADDITIONS/CHANGES  11TLE ITTLE Change MADDITIONS/CHANGES  11TLE CHANGE MADDITIONS/CHANGE MADDITIONS/CHANGES  11TLE CHANGE MADDITIONS/CHANGE MADDITIONS/CHANGE MADITIONS/CHANGE MADDITIONS/CHANGE MADDITIONS/CHANGE MADDITIONS/CHANGE MADDITIONS/CHANGE MADITIONS/CHANGE MADDITIONS/CHANGE MADDIT						Florida Department of State	
NAME  STREET ADDRESS  2295 NW COPPORTOR BIND., OTE  STREET ADDRESS  CITY-ST-ZIP  BOCZ Paton, PL 33431  AHO  CITY-ST-ZIP	9.		RS/MANAGERS	10.			
STREET ADDRESS 2295 NW COPPORTORE BIDDING OFFE STREET ADDRESS CITY-ST-ZIP BOCZ Raton, PL 33431 DUD CITY-ST-ZIP		132× 1300		1		☐ Change ★ Addition	
10003 K3TOM, PZ 35431	STREET ADDRESS	SAS NO COLLOLO		STREET			
	TITLE	Boca haton, PL 33	<u>43\</u> □ Delete	TITLE	I-ZIP	☐ Change ★ Addition	
		LOUGH KENT		4		Change A Audului	
STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP					· i	l l	
Tille Manager Delete Tille	<u> </u>	manager		<del>}</del>		☐ Change Addition	
NAME (michael Ball)	NAME	michael Ball					
STREET ADDRESS  CITY-ST-ZIP  COCO POTO FL 33431  CITY-ST-ZIP  COCO POTO FL 33431					į.		
Title MACAGET		79.299.67	_	╂		☐ Change ▲ Addition	
NAME RICHARD RUBIN STREET ADDRESS REST ADDRESS STREET ADDRESS		Richard Kubin	- Tre Bly Are				
STREET ADDRESS 2295 NW CORPORATE DIVEN, DITC STREET ADDRESS CITY-ST-ZIP BOCO RATON FL 33431 240 CITY-ST-ZIP							
TITLE MONORAGE Delete TITLE Change Addition	~- <del>-</del> -		<del>_</del>	TITLE			
NAME Thomas hobertson NAME						☐ Change ★ Addition	
	NAME	Thomas hobertso	~			☐ Change ズ Addition	
	NAME STREET ADDRESS	2295 NW Corpor	ate Blud. Ste	STREET	Į	☐ Change ★ Addition	
NAME NAME	NAME STREET ADDRESS CITY-ST-ZIP	thomas hobertain 1295 NW Corpor Boca Paton FL 3	ate Blud. Ste 3431	STREET A	Į		
STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE	2295 NW Corpor	ate Blud. Ste	STREET / CITY-ST TITLE NAME	1-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 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 comparity of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	2295 NW Corpor	ate Blud. Ste 3431	STREET A	1-ZIP ADORESS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desiral Proper	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicates limited lis	certify that the information supplied with a on this report is true and accurate and ability company of the receiver or truste	ate Blod . Ste	STREET / CITY-ST TITLE NAME STREET / CITY-ST	ADDRESS 1-ZIP ption stated in Se	Change Addition	