FILED May 23, 2005 8:00 am Secretary of State 04-20-2005 90030 039 ****50.00

2005 LIMITED LIABILITY COMPANY

Zip Country Zip Country 8. Certificate of Status Desired Sp. \$5.00 Addition Fee People of Sp. Regulatered Agent 7. Name and Address of New Registered Agent Name BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FI. 32202 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 the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2005 Make check payable to Priorida Department of State Priorida Department of State Dece Titl MAKE STREET ADDRESS CITY-51-2P TITL MAKE STREET ADDRESS CITY-51-2P TITLE MAKE STREET ADDR		ANNUAL	. REPORT					04-20-200	13 30030	037	30.00
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S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202 Cay Cay 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 the obligations of registered agent. SIGNATURE Filling Fee is \$50,00 Due by May 1, 2005 R. MANAGING MEMBERS / MANAGERS ITIL NAME SITER ADDRESS CITY-ST-2P Detes TILL NAME STRET ADDRESS CITY-ST-2P TILL TILL NAME STRET ADDRESS CITY-ST-2P TILL	City & State		City & State				4. FEI Numb	1377084	t		oplied For ot Applicable
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B. 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 the obligations of registered agent. SIGNATURE Signature holds a pristal name 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 the obligations of registered agent. SIGNATURE Signature holds a pristal name 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 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and Florida. I am familiar with, and Floridar in the State of Florida. I am familiar with, and Floridar in the State of Florida. I am familiar with, and Floridar in the State of Florida. I am familiar with, and Floridar in the State of Florida. I am familiar with, and Floridar in the State of Florida. I am familiar with, and Floridary in the State of Florida. I am familiar with, and Floridary in the State of Floridary in the	DAGROOM		·		City				FI	Zin Cod	В
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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 inform indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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: 4. 13 65 984.284.6	indicated (limited liab	on this report is true and accurate and pility company or the receiver or truster	that my signature shall have	the same	e legal effe	ct as il m	ade under oath er 608, Florida S	; that I 8m a mana Statutes.	iging membe	er or manage	r of the