2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State 04-14-2005 90030 050 ****50.00

DOCUMENT # L04000054011 1. Entity Name OUTER BANKS, LLC						04-14-2005 9	900 3 0 0)50 ****5(00.00
Principal Plac	e of Business	Mailing Address				~~	~~~	n n T	1
4738 S. LAKE DRIVE BOYNTON BEACH, FL 33436		4738 S. LAKE DRIVE							
BOANTON BI	EAUH, FL 33430	BOYNTON BEACH, FL	3343b						
2 Principal P	Place of Rusiness	3. Mailing Address							
2. Principal Place of Business		J. 1,100.000			18.111 B.1811 B.2111 28111 B.3 11		#011	£81111 (88)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302005	Chg-LLC	CR2E	083 (10/03)		
City & State		City & State			4. FEI Number	г		<u> </u>	plied For t Applicable
Zip	Country Zip		Coun	try	5. Certificate of	of Status Desired		\$5.00 Add	itional
	6. Name and Address of Current I	Registered Agent	ļ. 		7. Name and	Address of New Re	egistered		
DOCED O	CAREROON RA			Name					
ROGER G. SABERSON, P.A. 70 S.E. 4TH AVENUE DELRAY BEACH, FL 33483-4514				Street Address (P.O. Box Number is Not Acceptable)					
OLL, U.I.	22.01.1,12.00100101								
				City			FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or register	ed agent, or both	n, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registere	d Agent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State				
		RS/MANAGERS	10.				Departn	nent of State	
9.	MANAGING MEMBER MGRM	RS/MANAGERS	TITL	• 1		Florida	Departn	nent of State	Addition
9.	MANAGING MEMBE		TITLI	• 1		Florida	Departn	nent of State	
9. TITLE NAME	MANAGING MEMBER MGRM JUSCIK, JOSEPH T		TITLI NAM STRE	E `		Florida	Departn	nent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM JUSCIK, JOSEPH T 4738 S. LAKE DRIVE		TITLI NAM STRE CITY	E EET ADDRESS -ST-ZIP		Florida	Departn	nent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM JUSCIK, JOSEPH T 4738 S. LAKE DRIVE	□ Delete	TITLI NAM STRE CITY TITLI NAM	E EET ADDRESS -ST-ZIP		Florida	Departn	nent of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM JUSCIK, JOSEPH T 4738 S. LAKE DRIVE	□ Delete	TITEL NAM STRE CITY TITEL NAM STRE	E EET ADDRESS -ST-ZIP E		Florida	Departn	nent of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM JUSCIK, JOSEPH T 4738 S. LAKE DRIVE	□ Delete	TITELI NAM STRE CITY TITELI NAM STRE CITY TITELI TITELI TITELI	E ET ADDRESS -ST-ZIP E E E E -ST-ZIP E E E E -ST-ZIP E E		Florida	Departn	nent of State	Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGUNG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date