2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

Country Zip Country S. Corrificate of Status Desired \$5.00 Additional Fee Required	1. Entity Nam	MENT # L0400005 SERVICES, LTD. CO.	4105				04-13-2005 90	0219 021 ****	50.00
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country Exp.	1294 SW VIZCAYA CIRCLE		1294 SW VIZCAYA CIRCLE			2003	1980 Million II		
City & State Country Country Country S. Country S. Conflictation of Status Desired S. Conditional Country S. Conflictation of Status Desired S. Country S. Country S. Conflictation of Status Desired Name COOK, BRIAN S. 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 acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE ONE MAKE TORRESS ONE ONE Due by May 1, 2005 Florida Department of State Florida Department of State Florida Department of State ACCE	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country S. Certificate of Satus Defred S. S. 50.0 Applicational Fee Required S. Certificate of Satus Defred S. S. 50.0 Applicational Fee Required S. Certificate of Satus Defred S. S. 50.0 Applicational Fee Required S. Certificate of Satus Defred S. S. 50.0 Applicational Fee Required S. Certificate of Satus Defred S. Certificate of Regulateral Agent Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.				01212005	Chg-LLC	CR2E083 (10/0	3)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, BRIAN S. 1294 SW VIZCAYA CIRCLE PALM CITY, FL 34990-1961 6. 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 accent the obligations of registered agent. SIGNATURE Filling Fee Is \$50.00 Due by May 1, 2005 Filling Fee Is \$50.00 Make check payable to. Filling Fee Is \$50.00 Filling Fee Is \$50.00 Titt MANAGING MEMBERS/MANAGERS I 10. ADDITIONS/CHANSES CITY-ST-2P ADDITIONS/CHANSES CITY-ST-2P TITE MAKE STREET ADDRESS CITY-ST-2P TITE MAKE STREE	City & State		City & State		4. FEI Number	546746		Applied For Not Applicable	
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code a. 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 acceptable the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2005 Filling Fee is \$50.00 Make check payable to Florida Department of State OCK, BRIAN S. TILE MORM COOK, BRIAN S. TILE MORM SIRET ADDRESS CITY-ST-2P TILE MAKE SIRET ADDRESS CITY-ST-2P TILE Change Addit Addit MAKE SIRET ADDRESS CITY-ST-2P TILE Change Addit MAKE SIRET ADDRESS CITY-ST-2P TILE MAKE SIRET ADDRESS CITY-S	Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired		
Sireet Address (P.O. Box Number Is Not Acceptable) City		6. Name and Address of Currer	it Registered Agent			7. Name and	Address of New Re	egistered Agent	
B. 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 accelerate the obligations of registered agent. SIGNATURE Signature, types of printed name of registered agent and sin it applicable. (NOTE Registered Agent spreadure required when rematering) DATE Filling Fee is \$50.00 Due by May 1, 2005 Florida Department of State 0. MANAGING MEMBERS/MANAGERS i 10. ADDITIONS/CHANGES Filling Fee is \$50.00 Title MGRM OCOK, BRIAN S STREET ADDRESS CITY-ST-2P FITTLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET AD	1294 SW \	/IZCAYA CIRCLE	. Si =			ess (P.O. Box Numbe	or is Not Acceptable))	
THE COOK, BRIAN SEET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITL					City			FL Zip (code
SIGNATURE Signature, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent sepature required when reinstating) Part		named entity submits this statement	for the purpose of changing its	s registere	L ad office or regi	istered agent, or both	h, in the State of Flor	rida. I am familiar v	ith, and accept
Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 10.		tions of registered agent.							
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addit	the obligat		ot and title if applicable (NOT	TF: Registere	d Apent signature reg	puired when reinstating)		DATE	
NAME STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 349901961	the obligat	Signature, typed or printed name of registered age	.]	TE: Registere	*	guired when reinstating)	Make	check payable Department of S	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CI	signature	Signature, typed or printed name of registered age	44. 11. 12. (A.H.)	at f	*	guired when reinstating)	Make Florida	check payable Department of S	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	signature F	Signature, typed or printed name of registered age Illing Fee is \$50.00 WANAGING MEME MGRM	SERS/MANAGERS	1 10.	, , , , , , , , , , , , , , , , , , ,	quired when reinstating)	Make Florida	check payable Department of S	tate
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SIGNATURE SIGNATURE F 9. VITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age IIIng Fee is \$50.00 WANAGING MEME MGRM COOK, BRIAN S	SERS/MANAGERS	1 10.	ET ADDRESS	guired when reinstating)	Make Florida	check payable Department of S	tate
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	SIGNATURE SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age IIIng Fee is \$50.00 WANAGING MEME MGRM COOK, BRIAN S	SERS/MANAGERS	I 10. ITITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS - ST- ZIP	quired when reinstating)	Make Florida	Check payable Department of S CHANGES	tate
TITLE Delete TITLE Change Addit NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addit NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age IIIng Fee is \$50.00 WANAGING MEME MGRM COOK, BRIAN S	BERS/MANAGERS Delete	1 10. ITITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS - ST-ZIP E E E ET ADDRESS - ST-ZIP E E E ET ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E E	quired when reinstating)	Make Florida	check payable Department of S CHANGES Chan Chan	ge Addition
NAME STREET ADDRESS NAME STREET ADDRESS	SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age IIIng Fee is \$50.00 WANAGING MEME MGRM COOK, BRIAN S	BERS/MANAGERS Delete Delete	i 10. ITITLE NAM STRE CITY TITLE NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	quired when reinstating)	Make Florida	check payable Department of S CHANGES Chan Chan	ge Addition Ge Addition
	SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age Illing Fee is \$50.00 MANAGING MEME MGRM COOK, BRIAN S	BERS/MANAGERS Delete Delete Delete	I 10. ITITLE NAM STRE CITY TITLE NAM STRE CITY	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	quired when reinstating)	Make Florida	check payable Department of S CHANGES Chan Chan	ge Addition Ge Addition Ge Addition

11. I hereby certify that the information supplied with this filling 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.

BIGNATURE: DEAN S. GON.
BIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATION

2/21/05 (772) 781-0407