
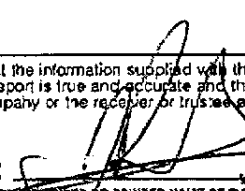


FILED
Apr 27, 2006 08:00 AM
Secretary of State

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000063208		
1. Entity Name SPROUT INVESTMENTS, LLC		
Principal Place of Business 555 S FEDERAL HIGHWAY 200 BOCA RATON, FL 33432		Mailing Address 555 S FEDERAL HIGHWAY 200 BOCA RATON, FL 33432
DO NOT WRITE IN THIS SPACE		
		04202006 No Chg-LLC CR2E083 (11/05)
4. FEI Number 26-0008549		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent RAMSDEN, JOEL 555 S FEDERAL HIGHWAY BOCA RATON, FL 33432		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM RAMSDEN, JOEL 1005 BROOKS LANE DELRAY BEACH, FL 33438	U00000538752 05/09/06-80072-016 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM RAO, MICHAEL 901 SE 10TH TERRACE DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
11. I hereby certify that the information supplied with this filing 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> JOEL RAMSDEN <small>MANAGER</small> Date _____ Daytime Phone # _____		