2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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City & State Country S. Certificate of Status Desired \$5.00 Additional Pres Registered Agent FUERSTENAU, RICHARD W 5352 WASHINGTON ROAD DELRAY BEACH FL 33484 City FL Zip Code	2. Principal Place of Business		3. Mailing Address			101/	6(1 bytti man anni astii	 	1 11611 51551 5111		
The Above named entry submit this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the florida agent. Signature	Suite, Apt. #, etc.		Suite, Apt. #, etc.			2nd	MOORE	CR2E083	(5/05)		
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Signed allow, hyperd or provided name of regretated agent and 184 all aprinciable (Incide Regretated Agent signed are recentary) Make Check Payable to Florida Department of State											
### Purple of Payable to Florida Department of State Summary Due By September 7, 2005	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
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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 information											
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the	11. I hereby	I certify that the information supplied with	this filing does not qualify for	the exem	ption stated	in Section 119.07(3)(i)	, Florida Statutes	. I further certif	y that the in	formation	

if made under eath; that I am a managing member or manager of the lapter 608, Florida Statutes.

10-3-05 561) 436-8986 limited liability company or the reservoir or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.