2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

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Street Address (P.O. Box Number is Not Acceptable) City FL Zip,Code 6. 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 accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2005 Make check payable to Plorida Department of States Photos Department of States 10. ADDITIONS/CHANGES ITTLE MGR BAROODY, TIMOTHY A SIREF ADDRESS CITY-ST-2P TIME Delete ITTLE MARE SIREF ADDRESS CITY-ST-2P TIME MAKE SIREF ADDRESS CITY-ST-2P TIME SIREF ADD		6. Name	and Address of Current F	tegistered Agent		Name	7. Name and	Address of New Ro	egistered Ag	gent	•
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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 ceth; 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.	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGR BAROOD 3 BLUE C	MANAGING MEMBER OY, TIMOTHY A CRAB LANE	Delete Delete Delete Delete	TITLE NAME STREE CITY	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS		Florida	CHANGES	change Change Change Change	Addition Addition Addition Addition
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