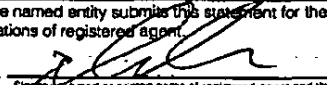
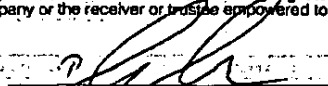


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90025 023 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                   |                                                                      |                                                                                   |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|------|
| <b>DOCUMENT # L04000070505</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                   |                                                                      |  |      |
| 1. Entity Name<br><b>TUNA PROPERTIES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                   |                                                                      |                                                                                   |      |
| Principal Place of Business<br><b>730 NW 7TH AVENUE<br/>BOCA RATON, FL 33486</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                   | Mailing Address<br><b>730 NW 7TH AVENUE<br/>BOCA RATON, FL 33486</b> |                                                                                   |      |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                   | 3. Mailing Address                                                   |                                                                                   |      |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                   | Suite, Apt. #, etc.                                                  |                                                                                   |      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                   | City & State                                                         |                                                                                   |      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country     | Zip               | Country                                                              | 4. FEI Number<br><b>20-1677642</b>                                                |      |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                   |                                                                      | Applied For Not Applicable                                                        |      |
| 6. Name and Address of Current Registered Agent<br><b>KEDEM, ILAN<br/>730 NW 7TH AVENUE<br/>BOCA RATON, FL 33486</b>                                                                                                                                                                                                                                                                                                                                                                                          |             |                   | 7. Name and Address of New Registered Agent                          |                                                                                   |      |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   | Name                                                                 |                                                                                   |      |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   | Street Address (P.O. Box Number is Not Acceptable)                   |                                                                                   |      |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   | City                                                                 |                                                                                   |      |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   | Zip Code                                                             |                                                                                   |      |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                                                                      | DATE <b>1/13/05</b>                                                               |      |
| Filing Fee is \$50.00 Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                   |                                                                      | Make check payable to Florida Department of State                                 |      |
| MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                   | ADDITIONS/CHANGES                                                    |                                                                                   |      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAME        | STREET ADDRESS    | CITY-ST-ZIP                                                          | TITLE                                                                             | NAME |
| MGR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | KEDEM, ILAN | 730 NW 7TH AVENUE | BOCA RATON, FL 33486                                                 |                                                                                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                   |                                                                      |                                                                                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                   |                                                                      |                                                                                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                   |                                                                      |                                                                                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                   |                                                                      |                                                                                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                   |                                                                      |                                                                                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                   |                                                                      |                                                                                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                   |                                                                      |                                                                                   |      |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  <b>ILAN KEDEM</b>                                                                                                                                                                                                                                                                                                                                                                                               |             |                   |                                                                      | DATE <b>1/13/05</b> 239-5738661                                                   |      |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |             |                   |                                                                      | Date Daytime Phone #                                                              |      |

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