
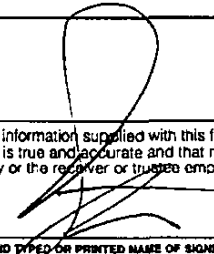


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90023 022 \*\*\*\*50.00

|   |  |                                 |   |   |   |
|---|--|---------------------------------|---|---|---|
| <b>DOCUMENT # L04000076328</b><br>1. Entity Name<br>ACOYA I, LLC  |  |                                 |   |    |   |
| Principal Place of Business<br>2300 GLADES ROAD STE. 302-EAST<br>BOCA RATON, FL 33431   |  |                                 | Mailing Address<br>2300 GLADES ROAD STE. 302-EAST<br>BOCA RATON, FL 33431 |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                 |   |   |
| City & State  |  |                                 | City & State  |   |   |
| Zip   |  | Country                         |   | Zip   |   |
| Country   |  | Country                         |   | 04142005 Chg-LLC CR2E083 (10/03)  |   |
| 4. FEI Number<br>20-1780983   |  |                                 |   | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |  |                                 |   | 30007563  |   |
| 6. Name and Address of Current Registered Agent<br>SCARRETTA, STEVEN A ESQ<br>2300 GLADES ROAD STE. 302-EAST<br>BOCA RATON, FL 33431  |  |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____  |  |                                 |   |   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |  |                                 | Make check payable to<br>Florida Department of State                      |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |  |                                 | 10. ADDITIONS/CHANGES   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>SCARRETTA, STEVEN A ESQ<br>2300 GLADES ROAD STE. 302-EAST<br>BOCA RATON, FL 33431 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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 609, Florida Statutes. |  |                                 |   |   |   |
| SIGNATURE:   |  |                                 |   | Date: 5/18/05 Daytime Phone: 361 368 7577   |   |