2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 15, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L040000792	243				08-15-2005 9	0035 015 ****5	0.00	
Principal Plac	e of Business	Mailing Address				AUUU	0100		
	ON BAY BLVD	11231 HERON BAY BLVD)						
3624	NGS, FL 33076 US	3624 CORAL SPRINGS, FL 330	76 US				•		
COIVAL 31 Mil	143,11 33070 03		70 03				ETIM HTGIO HTID WAN ENDOD I		
2. Principal F	Place of Business Bay Blvd	3. Mailing Address 11201 Hercil Suite, Apt. #, etc.	Bay B1	vd					
30	116	3916	1		06262005	Chg-LLC	CR2E083 (10/03)		
City & Stat	1 Springs PL	Coral Spring		,	4. FEI Numbe	3186937		oplied For ot Applicable	
^{Zip} 330'	16 Country US	^{Zip} 33016	Country		5. Certificate	of Status Desired	S5.00 Add		
6. Name and Address of Current Registered Agent					7. Name and	Address of New Re	· · · · · · · · · · · · · · · · · · ·		
0010 111			Name	Orio	ممتنا	М		,	
OSIO, JUAN M 11231 HERON BAY BLVD			Street A	Street Address (P.O. Box Number is Not Acceptable)					
3624				· H		0	7		
CORAL SI	PRINGS, FL 33076		1120	21 He	eron 1	Bay Blud	# 3916		
			City (oral	Sprin	95	FL Zince	02/2	
8. The above	named entity submits this statement for	the purpose of changing its req	gistered office c	r registered	agent, or bot	th, in the State of Flori	da. I am familiar with,	and accept	
the obligations of registered agent.									
SIGNATURE Signature. hyperty printed mame of regulated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
			<u> </u>		···				
	<i>I</i> /								
Due I	ling Fee Is \$50.00 by September 7, 2005						check payable to Department of Stat	e	
Due I	by September 7, 2005 MANAGING MEMBER		10.		44		Department of Stat		
9.	MANAGING MEMBER	S/MANAGERS	TITLE	HCR	M	Florida ADDITIONS/C	Department of State HANGES Change	e Addition	
Due I	by September 7, 2005 MANAGING MEMBER			HCR 0510,	MJUAN	Florida ADDITIONS/C	Department of State HANGES Change		
9. IIILE NAME	MANAGING MEMBER MGRM OSIO, JUAN M		TITLE NAME	0210	, JUAN Heron	ADDITIONS/C	Department of State HANGES #Change # 3916		
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM OSIO, JUAN M 11231 HERON BAY BLVD #3624 CORAL SPRINGS, FL 33076 MGRM		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	0510, 11201	M Juan Heron Spring	ADDITIONS/C	Department of State HANGES #Change # 3916		
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1. I hereby certify that the information supplied with this filling does not quality 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 608, Florida Statutes.

SIGNATURE: MAINTINE AND TYPED OF PRINTED NAME OF SE

PRINTED NAME BE SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-10-05

954-682-6100

Daytime Phone #