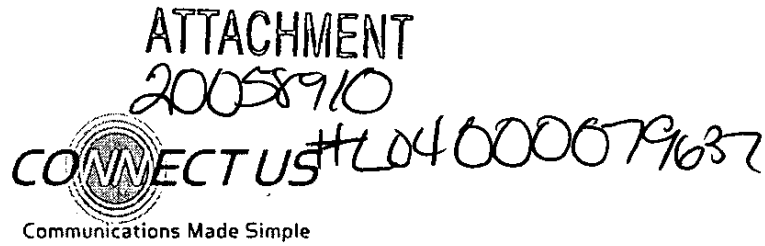


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90040 006 ****50.00

DOCUMENT # L04000079637					
1. Entity Name CONNECTUS, LLC.					
Principal Place of Business 9050 PINES BLVD., SUITE 415 PEMBROKE PINES, FL 33025			Mailing Address 9050 PINES BLVD., SUITE 415 PEMBROKE PINES, FL 33025		
2. Principal Place of Business 7091 NW 77TH TERRACE Suite, Apt. #, etc.		3. Mailing Address 7091 NW 77TH TERRACE Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA Zip: 33166 Country: USA		City & State MIAMI, FLORIDA Zip: 33166 Country: USA		4. FEI Number 20-1828654 (TAX ID)	
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 MESTRE, VICTOR 9050 PINES BLVD., SUITE 415 PEMBROKE PINES, FL 33025			7. Name and Address of New Registered Agent Name: MESTRE, VICTOR Street Address (P.O. Box Number is Not Acceptable): 7091 NW 77TH TERRACE City: MIAMI FL Zip Code: 33166		
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: MAY 12, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGR NAME: MESTRE, VICTOR STREET ADDRESS: 9050 PINES BLVD., SUITE 415 CITY-ST-ZIP: PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Delete		TITLE: MGR NAME: MESTRE, VICTOR STREET ADDRESS: 7091 NW 77TH TERRACE CITY-ST-ZIP: MIAMI, FLORIDA 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: 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 608, Florida Statutes.					
SIGNATURE:			MAY 12 2005 (305) 484 0061		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		



May 12, 2005

To Whom It May Concern:

I am kindly requesting a waiver of the late penalty for filing my 2005 Annual Report. Unfortunately, because I moved my office location to a new address in February 2005, I never received the Notice in the mail. My new address as stated in the attached is:

7091 NW 77th Terrace
Miami, FL 33166

Please excuse this mistake on my behalf and be so kind to take in consideration this request. As always thank you for your help,

Regards,

A handwritten signature in black ink, appearing to read "Victor Mestre".

Victor Mestre
Manager
Connect Us LLC