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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

AVENTURA, FL 33180 AVENTURA, FL 33180 3. Main and Address Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. City & Suate City & Suat	Entity Name	MENT # L040000842	216	:				ý.,	·.	
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. City & State Name Name Street Address of Current Registrared Agant 7. Name and Address of New Registrared Agant Name Street Address (P.O. Box Number is Not Acceptable) City FL 8. The above handed entity submiss this statement for the purpose of changing its registered office or registered agant, or both in the State of Florida. I am fam the obligation of registered agant or pagental agant and inspansed agant and the floorization. FITTING Pear is \$50.00 But by May 1, 2005 PUBLISH ADDRESS TO NANAGERS Inc. ADDITIONS/CHANGES CITY ST 2P INLE WARE STREET ADDRESS CITY ST 2P INLE WARE STR	322 199TH T	TERRACE	3822 199TH TERRACE		20052857					
City & State Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City & FL City	t. Principal Place of Business		3. Mailing Address							
Zip Country Zip Country S. Ceutificate of Status Desire \$5 Free B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8222 1997H TERRACE 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 fam the obligations of registered agent. SIGNATURE 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 fam the obligations of registered agent. SIGNATURE 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 fam the obligations of registered agent, or both, in the State of Florida. I am fam the obligations of registered agent. Or both, in the State of Florida. I am fam the obligations of registered agent. Or both, in the State of Florida. I am fam the obligations of registered agent. Or both, in the State of Florida. I am fam the obligations of registered agent. Or both, in the State of Florida. I am fam the obligations of registered agent. Or both, in the State of Florida. I am fam the obligations of registered agent. Or both, in the State of Florida. I am fam the obligations of registered agent. Or both, in the State of Florida. I am fam the obligations of registered agent. Or both, in the State of Florida. I am fam the obligations of registered agent. Or both, in the State of Florida. I am fam the obligations of registered agent. Or both, in the State of Florida. I am fam the obligations of registered agent. Or both, in the State of Florida. I am fam the obligations of registered agent. Or both, in the State of Florida. I am fam the obligations of registered agent. Or both, in the State of Florida. I am fam the obligations of registered agent. Or both in the State of Florida. I am fam the obligations of registered agent. Or	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252005	Chg-LLC	CR2E08:	3 (10/03)	
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VEAGER, DONNA D Size Address (P.O. Box Number is Not Acceptable) City FL Size Address (P.O. Box Number is Not Acceptable) City FL 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 fair the obligations of registered agent. SIGNATURE Gymain, hold or immediate of registered agent would fire it equicates. (NOTE Pregnand Agent ag	Zip	Country	Ζip	Coun	try	1		_ \$	5.90 Addi	tiona!
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B. 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 fam the obligations of registered agent. SIGNATURE SIGNATUR	822 199TH	H TERRACE	Street Address			P.O. Box Number	is Not Acceptable	a) ·		
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B. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR YEAGER, DONNA D SIRET ADDRESS GITY-ST-ZIP TITLE NAME SIRET ADDRESS GITY-ST-ZIP TITLE SIRET ADDRESS GITY-ST-ZIP TITLE NAME SIRET ADDRESS GITY-ST-ZIP SIRET ADDRESS GITY-ST-ZIP TITLE NAME SIRET ADDRESS GITY-ST-ZIP TITLE NAME SIRET ADDRESS GITY-ST-ZIP		ling Fee is \$50.00	nd file 1 applicable. (NO:	E; Registero	d Agent signifiture required	Swhen reinstating)	- Horid	re check pa a Departme	nt of State	
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11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes, I further certify indicated on this record is true and accurate and that my signature shall have the same legal effect as if made under path, that I am a managing member is	AME STREET ADDRESS SITY - ST-ZIP			NAA Str Cip	ME EET ADORESS Y-ST-ZIP				☐ Change	☐ Addition
limited liability company or the receiver or busted empowered to execute this report as required by Chapter 608, Florida Statutes.	I hereby condicated to limited liab	zertify that the information supplied with on this report is true and accurate and bility company or the receiver or paster	this filing does not qualify to that my signature shall have empowered to execute this	or the exe e the sam s report a	emption stated in S ne legal effect as if ns required by Char	ection 119.07(3)(i made under oath; pter 608, Florida S	/	/		nformation ir of the