## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Buch Suchan Bovery Durhans Signature and typed on printed yame of signing managing member, manager, on althorized representative

## FILED Feb 14, 2005 8:00 am Secretary of State

| DOCUI<br>1. Entity Nam<br>A PIECE  |                  |                                       |                                     |   | 02-   | -14-200                                   | )5 901 <i>76</i>                                    | 5 040 ***                  | *55.00                       |             |                        |                              |
|--|------------------|---------------------------------------|-------------------------------------|---|---|---|---|----------------------------|------------------------------|-------------|------------------------|------------------------------|
| Principal Plac   | o of Business    | · · · · · · · · · · · · · · · · · · · | Mailing Address                     |   |   |   |   |                            |                              |             |                        |                              |
| Principal Place of Business Mailing Address  822 W. CENTRAL BLVD. 822 W. CENTRAL BLVI  |                  |                                       |                                     |   |   |   |   | • .                        |                              |             |                        |                              |
| ORLANDO, FI  |                  | ORLANDO, FL 32805                     |                                     |   |   |   | 006   | + 4 2                      | 0.4                          |             |                        |                              |
|  |                  |                                       | 0.12.11.00,112.02.000               |   |   | 1   |   | ZUU                        | 103                          | 61          |                        |                              |
|  |                  |                                       |                                     |   |   |   |   |                            |                              |             |                        |                              |
| 2. Principal P   | Place of Busin   | ess                                   | 3. Mailing Address                  |   |   |   |   |                            |                              |             |                        |                              |
| Suite, Apt.  | # otc            |                                       | Suite, Apt. #, etc.                 |   |   |   |   |                            |                              |             |                        |                              |
| outo, ripti  | w, 610.          |                                       | Suite, Apr. #, Bic.                 |   |   |   | 02102005  | Chg-L                      | LC                           | CR2E0       | 83 (10/03)             |                              |
| City & State   | е                |                                       | City & State                        |   |   |   | 4. FEI Numbe  |                            |                              | -           | Ar                     | oplied For                   |
|  |                  |                                       |                                     |   |   |   | <u>20-19</u>  | <u>7713</u>                | 346                          |             | No                     | ot Applicable                |
| Zip  | Zip Country      |                                       | Zip                                 | Coun  | Country   |   | 5. Certificate                                      | of Status I                | Desired                      |             | \$5.00 Add             | ditional                     |
| 6. Name and Address of Current   |                  | Registered Agent                      |                                     | <u> </u>  | I   | 7 Name and                                | Address   | of Nov. B                  | Fee Required gistered Agent  |             |                        |                              |
|  | J. Haille        | and Address of Current                | negistered Agent                    |   | Name  |   | 7. Name and   | Address                    | OI NEW H                     | egisterea / | Agent                  |                              |
| LARRY J.   | BEHAR, P         | .A.                                   |                                     |   |   |   | .,  |                            |                              |             |                        |                              |
| 888 SOUT   |                  | IRD AVE.                              |                                     | •   | Street Ac   | ddress (F                                 | P.O. Box Number                                     | er is Not A                |                              | )           |                        |                              |
| SUITE #40<br>FT. LAUDE   |                  | EI 33316                              |                                     |   |   |   |   |                            |                              |             |                        |                              |
| T I. LAUDE   | LINDALE, I       | L 33310                               |                                     |   |   |   |   |                            |                              |             | 1 2                    |                              |
|  |                  |                                       |                                     |   | City  |   |   |                            |                              | FL          | Zip Cod                | le                           |
| 8. The above   | named entity     | submits this statement for            | the purpose of changing its         | register  | ed office or  | registere                                 | ed agent, or bot                                    | th, in the S               | tate of Flo                  | rida. Lam i | amiliar with,          | and accept                   |
| the obligati   | tions of registe | ered agent.                           |                                     |   |   |   |   |                            |                              |             |                        |                              |
| SIGNATURE .  | Signature honed  | or printed name of registered agent a | and title it continuels (NOTE       | - Canistas  | d Apost sizzati   |   | when reinstating)                                   |                            |                              | DATE        |                        |                              |
|  | oignature, types | or business use or fediateses adout a | ind the inapplicable. (NOTE         | : negistere   | a Agent signatu   | re redones                                | when reinstating)                                   |                            |                              | DATE        | +                      | . ,                          |
| Filing Fee is \$50.00<br>Due by May 1, 2005  |                  |                                       |                                     |   |   |   |   |                            | Make                         | check n     | ayable to              |                              |
| Di   | ue by May        |                                       |                                     |   |   |   |   |                            |                              |             | ent of Stat            | e ·                          |
| 9.   | ue by May        |                                       | RS/MANAGERS                         | 10.   |   | ·   |   | AD                         | Florida                      |             | ent of Stat            | <b>19</b>                    |
|  | ue by May        | 1, 2005                               | RS/MANAGERS                         | 10.   | <u> </u>  | Pre                                       | siden <del>t</del>                                  |                            | Florida                      | Departm     | ent of Stat            | Addition                     |
| 9.<br>TITLE<br>NAME  | ue by May        | 1, 2005                               |                                     | TITLI   | E   | 1 Va                                      | n car   | ter                        | Florida                      | Departm     | ent of Stat            |                              |
| 9.<br>TITLE<br>NAME<br>STREET ADDRESS  | ue by May        | 1, 2005                               |                                     | TITLI<br>NAM<br>STRE  | E<br>Et address   | 1 Va                                      | n car<br>Readi                                      | ter                        | Florida                      | Departm     | ent of Stat            |                              |
| 9.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ue by May        | 1, 2005                               | ☐ Delete                            | TITLI<br>NAM<br>STRE<br>CITY  | E<br>Et address<br>-St-Zip  | 1 Va<br>1132<br>orl                       | n car<br>Readi<br>ando                              | ter                        | Florida DITIONS/             | Departm     | Ent of Stat            | ☐ Addition                   |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | ue by May        | 1, 2005                               |                                     | TITU<br>NAM<br>STRE<br>CITY   | E<br>ET ADDRESS<br>-ST-ZIP  | l Va<br>1132<br>orl<br>Mav                | in car<br>Readi<br>ando<br>nager                    | ter<br>ng D<br>F1          | Florida DITIONS/             | Departm     | ent of Stat            |                              |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | ue by May        | 1, 2005                               | ☐ Delete                            | TITLI<br>NAM<br>STRE<br>CITY<br>TITLI<br>NAM  | E<br>EET ADDRESS<br>-ST-ZIP<br>E  | 1 Va<br>1132<br>orl<br>Mav<br>Bev         | n car<br>Readi<br>ando<br>Nager<br>erly 0           | ter<br>ng D<br>Fl          | Florida  DITIONS/  . 33      | Departm     | Ent of Stat            | ☐ Addition                   |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | ue by May        | 1, 2005                               | ☐ Delete                            | TITLI<br>NAM<br>STRE<br>CITY<br>TITLI<br>NAM<br>STRE  | E<br>ET ADDRESS<br>-ST-ZIP  | 1 Va<br>1132<br>orl<br>Mav<br>Beu<br>3911 | n car<br>Readi<br>ando<br>naser<br>erly b<br>1 cass | ter<br>ng D<br>Fl<br>surha | Florida  DITIONS/  . 33  am. | CHANGES     | Ent of Stat            | ☐ Addition                   |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ue by May        | 1, 2005                               | ☐ Delete ☐ Delete                   | TITLI NAM STRE CITY TITLI NAM STRE CITY   | E ET ADDRESS -S1-ZIP E E E ET ADORESS -S1-ZIP   | 1 Va<br>1132<br>orl<br>Mav<br>Beu<br>3911 | n car<br>Readi<br>ando<br>Nager<br>erly 0           | ter<br>ng D<br>Fl          | Florida  DITIONS/  . 33      | CHANGES     | Change                 | Addition                     |
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