
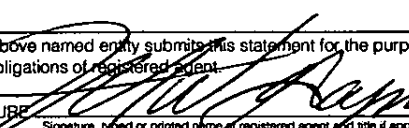
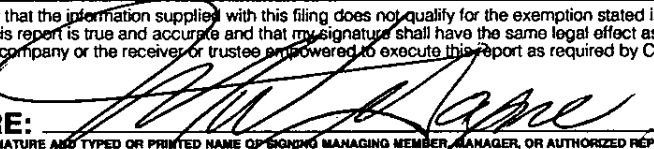


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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

02-14-2005 90176 003 ****55.00

DOCUMENT # L04000087563 1. Entity Name MICHEL R. GAGNE, LLC																													
Principal Place of Business 1207 MIDDLE RIVER DRIVE FT. LAUDERDALE, FL 33304			Mailing Address 1207 MIDDLE RIVER DRIVE FT. LAUDERDALE, FL 33304																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name GAGNE, MICHEL R. Street Address (P.O. Box Number is Not Acceptable) 1207 MIDDLE RIVER DRIVE City FORT LAUDERDALE FL Zip Code 33304																									
4. FEI Number 20-1965629 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																													
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																													
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  Michel R. Gagne DATE FEB 8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)</small>																													
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGR</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GAGNE, MICHEL R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1207 MIDDLE RIVER DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. LAUDERDALE, FL 33304</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	GAGNE, MICHEL R		STREET ADDRESS	1207 MIDDLE RIVER DRIVE		CITY-ST-ZIP	FT. LAUDERDALE, FL 33304		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  MGR DATE FEB 8/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													

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02082005 Chg-LLC CR2E083 (10/03)