

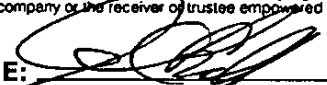


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

04-29-2005 90028 013 ****50.00

DOCUMENT # L04000087990 1. Entity Name BILLS JUNO SQUARE, LLC					
Principal Place of Business 2401 PGA BOULEVARD, SUITE #280 PALM BEACH GARDENS, FL 33410			Mailing Address 2401 PGA BOULEVARD, SUITE #280 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 3950 PCA Blvd Suite, Apt. #, etc. STE 5800 City & State Palm Beach Gardens FL Zip Country 33410			
03212005 Chg-LLC CR2E083 (10/03)				4. FEI Number 59-3790764	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BILLS, JOHN C 2401 PGA BOULEVARD, SUITE #280 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BILLS, JOHN C 2401 PGA BOULEVARD, SUITE #280 PALM BEACH GARDENS, FL 33410		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	
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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: 			John C. Bills 4/26/05 561-627-7551		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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