2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

335 SUNRISE BLVD. ORT PIERCE, FL 34982 Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country	4
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Name and Address of Current Registered Agent Name Name and Address of New Registered Agent Name	Additional
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Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE, FL 34982	
City FL Zip C	ode
. 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 w	ith, and accep
the obligations of projectered agent.	-
IGNATURE Sphalare, typegod purited registresid agent and title if applicable. (NOTE: Registered Agent signature required when remaining)	
Filing Fee is \$50.00 Make check payable to Due by May 1, 2008 Florida Department of S	
	
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