2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

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UNIT 907W, BULDING 3 HUDSON, FL 34667 2. Principal Pace of Businesis 3. Mailling Address Suite, Apt. F. etc. City & State C	Principal Plac	e of Business	Mailing Address ·		1					
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Applied For SUL Applied For	UNIT 907W, BUILDING 3		UNIT 907W, BUILDING 3				 			
City & State City & State City & State Country Country Zip Country Zip Country S. Certificate of Status Desired Agent Name	2. Principal Place of Business		3. Mailing Address							
Signature Sign						Chg-LLC	CR2E0	183 (10/03)		
Signature			· .			21634	123	1	pplied For of Applicable	
None Spits SEA RANCH DRIVE UNIT 907W, BUILDING 3 HUDSON, FL. 34667 City FL. Zip Code 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered agent. SIGNATURE Bywalus, hyard or priber name of implifiered agent and the I approach. PHIng Fee Is \$50.00 Due by May 1, 2005 PHIng Fee Is \$50.00 Due by May 1, 2005 Marke check payyable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CITY-ST-2P MCRM WOOD, JOHN SPITS SEA RANCH DRIVE ITTLE MWRE UNGRM WOOD, JOHN WOOD, JOHN SPITS SEA RANCH DRIVE ITTLE MWRE STREET ADDRESS CITY-ST-2P HUDSON, FL. 34667 ITTLE MGRM WOOD, JOHN STREET ADDRESS CITY-ST-2P STOW, MA 01775 Delete TITLE MGRM GRM GRM GRM GRM GRM GRM GRM GRM GR	Zip		•			5. Certificate of	Status Desired	。罗		
Size Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and acceptable of the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2005 Power MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 10. ADDITIONS/C		6. Name and Address of Current	Registered Agent		Nome	7. Name and A	ddress of New Re	egistered A	Agent	
Single Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	ו. מססש	OHN			Name			·.		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and acce the obligations of registered agent. SIGNATURE Sepatime, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agridult e required when rematating) DATE Filling Foe is \$50.00 The by May 1, 2005 Marke check pisyable to Plorida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM WOOD, JOHN STREET ADDRESS STREET ADDR	5915 SEA RANCH DRIVE UNIT 907W, BUILDING 3				Street Address	(P.O. Box Number i	is Not Acceptable)		
The obligations of registered agent. SIGNATURE SIGNATURE Filling Fee is \$50.00 Due by May 1, 2005 Marke check payable to Plorida Department of State 9.		,			City			FL	Zip Code	e
Filling Fee is \$50.00 Due by May 1, 2005 S. MANAGING MEMBERS / MANAGERS ITTLE MGRM WOOD, JOHN STREET ADDRESS CITY-ST-2P HUDSON, FL. 34667 TITLE MGRM WOOD, DIANE STREET ADDRESS SOTH-ST-2P HUDSON, FL. 34667 TITLE MGRM WOOD, DIANE STREET ADDRESS SOTH-ST-2P HUDSON, FL. 34667 TITLE MGRM WOOD, DIANE STREET ADDRESS SOTH-ST-2P HUDSON, FL. 34667 TITLE MGRM WOOD, DIANE STREET ADDRESS SOTH-ST-2P HUDSON, FL. 34667 TITLE MGRM WOOD, DIANE STREET ADDRESS SOTH-ST-2P HUDSON, FL. 34667 TITLE MGRM WOOD, BETHANY STREET ADDRESS SOTH-ST-2P TITLE MGRM SEATTY, LEE STREET ADDRESS SOTH-ST-2P STOW, MA 01775 TITLE MGRM SEATTY, LEE STREET ADDRESS SOTH-ST-2P STOW, MA 01775 TITLE MGRM SMITH, ED STOW, MA 01775 TITLE MGRM SMITH, ED STOW, MA 01775 TITLE MGRM SMITH, ED STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MGRM SMITH, ED STREET ADDRESS CITY-ST-2P TITLE MGRM SMITH, ED STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MGRM SMITH, ED STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MGRM SMITH, ED STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MGRM SMITH, ED STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MGRM SMITH, ED STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MGRM SMITH, ED STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MGRM SMITH, ED STREET	8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	d office or registe	red agent, or both,	in the State of Flo	rida. I am	familiar with,	and accept
9.	SIGNATURE.	Signature, typed or printed name of registered agent /	and title if applicable. (NOTE	E. Registered	Agent signature require	d when reinstating)		DATE		
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11. I hereby certify that the information supplied with this filling 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 cath; that I am a managing member or manager of the importance of the receiver of true company of the r	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE CITY-	ET ADDRESS ST-71P					Addition

indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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.

SNATURE: Edward down Edward Swith 04-04-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DISIO Daytime Phone #