2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L04000092725

Entity Name: MY FIRST HOUSE FLORIDA LLC

Current Principal Place of Business:

301 WEST 53RD STREET
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

301 WEST 53RD STREET
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 20-2061789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHOENIX, CHARLES PT ESQ
12800 UNIVERSITY DRIVE, SUITE 260
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: MARSHALL, HOWARD DDS
Address: 301 WEST 53RD STREET
City-St-Zip: NEW YORK, NY 10019

Title: MGRM ( ) Change (X) Addition
Name: SHEMIN, ROBERT
Address: 301 WEST 53RD STREET
City-St-Zip: NEW YORK, NY 10019

Title: MGRM ( ) Change (X) Addition
Name: HILLMAN, RON
Address: 301 WEST 53RD STREET
City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DR. HOWARD MARSHALL, DDS MGRM 04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date