

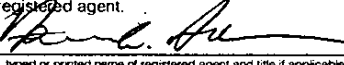
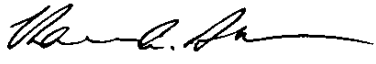


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90013 015 ****50.00

DOCUMENT # L05000121666 1. Entity Name RAVENSWOOD FHS LLC					
Principal Place of Business 3250 NORTH 19TH AVE HOLLYWOOD, FL 33020			Mailing Address 3250 NORTH 19TH AVE HOLLYWOOD, FL 33020		
2. Principal Place of Business 3250 N 29 Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 297395 Suite, Apt. #, etc.			
City & State Hollywood, FL Zip 33020 Country USA		City & State Pembroke Pines, FL Zip 33029 Country USA		4. FEI Number 20-4250878	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHELDON, HARVEY 3250 NORTH 19TH AVE HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Sheldon, Harvey Street Address (P.O. Box Number is Not Acceptable) 3250 North 29 Ave City Hollywood FL Zip Code 33020		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Blank]			MGR James Hemphill 21145 White Oak Ave Boca Raton, FL 33428		
[Blank]			MGR Susan Sheldon 18142 NW 15 Ct Pembroke Pines, FL 33029		
[Blank]			[Blank]		
[Blank]			[Blank]		
[Blank]			[Blank]		
[Blank]			[Blank]		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date 4-26-06 Daytime Phone # 954-963-6666		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					