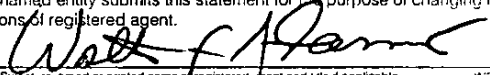


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90030 008 ****50.00

DOCUMENT # L94000000684 1. Entity Name SCHMIDT, RAINES, TRIESTE, DICKENSON & ADAMS, P.L.					
Principal Place of Business 399 N.W. BOCA RATON BLVD. BOCA RATON, FL 33432			Mailing Address 399 N.W. BOCA RATON BLVD. BOCA RATON, FL 33432		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0541073	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, WALTER F III 399 N.W. BOCA RATON BLVD. BOCA RATON, FL 33432				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  Signature, typed or printed name of registered agent and title if applicable. (If "E" Registered Agent, signature required when reinstating) 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	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	RAINES, DENSEL L			NAME	
STREET ADDRESS	399 N.W. BOCA RATON BLVD.			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP	
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DICKENSON, PAUL F			NAME	
STREET ADDRESS	399 N.W. BOCA RATON BLVD.			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP	
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	FAHNDRICH, MICHAEL			NAME	
STREET ADDRESS	399 N.W. BOCA RATON BLVD.			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP	
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	ROBERT, DREKER			NAME	
STREET ADDRESS	399 N.W. BOCA RATON BLVD.			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP	
TITLE	MGRM	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	ADAMS, WALTER F III			NAME	
STREET ADDRESS	399 NW BOCA RATON BLVD.			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for an 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MEMBER OR AUTHORIZED REPRESENTATIVE					
				Date _____	
				Daytime Phone # _____	