2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

FILED Apr 15, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Apr 15, 2005 08:00
1. Entity Nam	MENT # L95000000)518		Secretary of Stat
500 E. BROV SUITE 1950	e of Business NARO BLVD. RDALE, FL 33394	Mailing Address 500 E. BROWARD BLVD. SUITE 1950 FORT LAUDERDALE, FL 3339	4 	
DO NOT WRITE IN THIS SPACE			CE	03042005No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applicable
	The state of the s	The second secon	to the second of	5. Certificate of Status Desired
	5. Name and Address of Current	Registered Agent		± 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HAMAWAY, MICHAEL P 500 EAST BROWARD BLVD. SUITE 1950 FORT LAUDERDALE, FL 33394				DO NOT WRITE IN THIS SPACE
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. (NOTE: Registered Agent signature required when reinstating) DATE				
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBI	RS/MANAGERS	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAMELHAIR, STEVEN R 2240 SW 70 ÄVE SUITE D DAVIE, FL 33317			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- 	04/15/05-80067-013 SD.UO
TITLE NAME STREET ADDRESS CITY-ST-ZIP		20.00		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- <u> </u>		IN THIS SPACE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE