2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001019

Entity Name: RELOCATION SERVICES, L.C.

FILED Apr 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1217-D SOUTH MILITARY TRAIL 2715 NORTH AUSTRALIAN AVENUE WEST PALM BEACH, FL 33415

STE A

WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

1217-D SOUTH MILITARY TRAIL 2715 NORTH AUSTRALIAN AVENUE WEST PALM BEACH, FL 33415

STE A

WEST PALM BEACH, FL 33407

FEI Number: 65-0850283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEE, MONICA LEE, MONICA 1217-D SOUTH MILITARY TRAIL 2715 NORTH AUSTRALIAN AVENUE

WEST PALM BEACH, FL 33415 US STE A WEST PALM BEACH, FL 33407 US

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: MONICA LEE 04/23/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

LEE, MONICA LEE, MONICA Name: Name:

Address: 1217-D SOUTH MILITARY TRAIL Address: 2715 NORTH AUSTRALIAN AVENUE, STE A

City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: WEST PALM BEACH, FL 33407

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.

MGRM SIGNATURE: MONICA LEE 04/23/2005