

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90027 007 \*\*\*\*55.00

**20038331**



04142005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-0893725**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

SHAPIRO, ROBERT L  
2627 IVES DAIRY ROAD SUITE 118  
AVENTURA, FL 33180

Name  
Street **Robert L. Shapiro**  
**900 N. Federal Highway**  
**Suite 208**  
City **Hallandale Beach, FL 33009**

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**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE PD ☐ Delete  
NAME FRIEDMAN, LEONARD E  
STREET ADDRESS ONE GREENWAY PLAZA, SUITE #850  
CITY-ST-ZIP HOUSTON, TX 770460196

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☐ Delete  
NAME RAY, SANDRA E  
STREET ADDRESS ONE GREENWAY PLAZA, SUITE 850  
CITY-ST-ZIP HOUSTON, TX 770460196

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME SWINKE, DAVID L  
STREET ADDRESS ONE GREENWAY PLAZA, SUITE 850  
CITY-ST-ZIP HOUSTON, TX 770460196

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT ☐ Delete  
NAME THIBAUT, HOWARD W  
STREET ADDRESS ONE GREENWAY PLAZA, SUITE 850  
CITY-ST-ZIP HOUSTON, TX 770460196

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*S. Ray, VP Sandra Ray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4-14-05 713.355.4100*  
Date Daytime Phone #