2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED Jan 28, 2005 8:00 am Secretary of State 01-28-2005 90073 019 ****50.00

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To Country Zip Zip Country Zip Z	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192005	Chg-LLC	CR2E08	33 (10/03)		
Column Name and Address of Current Registered Agent Name	City & State		City & State					-		`	
Name	Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add ee Required	itional J	
LEF, LILY 1717 WOOLBRIGHT ROAD BOYNTON BEACH, FL 33426 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, who do in printed rane or registered agent, and to the agolicable (NOTE Registered Agent signature registered aftern entitiating) FHing Fee is \$50.00 Due by May 1, 2005 Maske check payable to Florida Department of State FHing Fee is \$50.00 Due by May 1, 2005 Maske check payable to Florida Department of State FHIng Fee is \$50.00 Due by May 1, 2005 Maske check payable to Florida Department of State FHIng Fee is \$50.00 Due by May 1, 2005 Maske check payable to Florida Department of State FHIng Fee is \$50.00 Maske check payable to Florida Department of State FHING Fee is \$50.00 Maske check payable to Florida Department of State FHING Fee is \$50.00 Maske check payable to Florida Department of State FHING Fee is \$50.00 Maske check payable to Florida Department of State FHING Fee is \$50.00 Maske check payable to Florida Department of State FHING Fee is \$50.00 Maske check payable to Florida Department of State FHING Fee is \$50.00 Maske check payable to Florida Department of State FHING Fee is \$50.00 Maske check payable to Florida Department of State FHING Fee is \$50.00 Maske check payable to Florida Department of State FHING Fee is \$50.00 Maske check payable to Florida Department of State FHING Fee is \$50.00 Maske check payable to Florida Payable Maske CHUA, JONATHAN MD, PHD Maske	6. Name and Address of Current Registered Agent										
Street Address (P.O. Box Number is Not Acceptable) City	455 LUV	•		1	Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	1717 WOC		Street Address		Street Address (F	P.O. Box Numbe	r is Not Acceptable	e)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE			·								
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9.		Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE:	: Registered Ag	gent signature required	when reinstating)		DATE			
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		partify that the information countied with	this filing does not qualify for		i	otion 110.07(2)() Elorida Statutas	I further are	ifu that the !-	formatics	

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 AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE