2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 04, 2005 08:00 AN DOCUMENT # L99000003806 **Secretary of State** 1. Entity Name 1420 HOLDINGS, LLC Principal Place of Business Mailing Address 4699 NORTH FEDERAL HIGHWAY 4699 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 05022005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0936515 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREAVES, RAYMOND DO NOT WRITE **4699 N FED HWY** POMPANO BEACH, FL 33064 IN THIS SPACE 3. 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. (NOTE, Registered Agein stignature required When reinstating) Signature, typed or printed name of registered agent and title if applicable ડાકુન્યું કર્યો છે. Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS TITLE NAME GREAVES, RAYMOND 4699 NORTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064 MEM TITLE WASHBURN, JOHN U00000362588 05/05/05-80123-017 55.00 NAME STREET ADDRESS 4699 NORTH FEDERAL HIGHWAY CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filting 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 508, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #