2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

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

DOCUMENT # L9900003895 1. Erkity Name 315 NASA BOULEVARD, L.L.C.							Feb 08, 2005 08:00 AN Secretary of State				
Principal Place of Business			-	Mailing Address 205 E NASA BLVD MELBOURNE FL 329	01						-
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			 	1st MOORE	CR2E08:	3 (10/04)	II TEE
City & State				City & State	 -	4. FEI Number 59-3586399 Applied For Not Applicable					
Zip	Zip Country			Zip		ntry	5. Certific	ate of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Curre	nt Rec	jistered Agent		Name	7. Name a	and Address of New R	egistered /	\gent	
ANDERSON, J. PATRICK 930 S HARBOR CITY BLVD SUITE 505						Street Address (P O. Box Nur	mber is Not Acceptable)		
MEL	BOURNE	FL 32901				City			FL	Zip Cod	e
the obligat	tions of registe	ered agent.	_	e purpose of changing it	ts register	.l ed office or register	red agent, or	both, in the State of Flo		· ,	and accept
SIGNATURE	Signature, typed	or printed name of registered ag	ent and to	tle d'applicable (NC	TE Registere	d Agent signature required	(when reinstating		DATE		
				Make Check Payal	ble to Fl	FEE IS \$50.00 orida Departme ay 1, 2005	nt of State				
9.		MANAGING MEM	BERS/	MANAGERS	10.			ADDITIONS/	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGR HYNES, RICHARD A MD 205 E NASA BLVD MELBOURNE FL 32901					F F T ADDRESS - S1- ZIP	□ Change □ Ad U00000220326 02/08/05-80064-011 50.00				Addition
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11. I hereby of indicated limited lia	on this report bility compan	information supplied w is true and accurate ar y or the receiver or true	rith this nd that tee em	filing dees not qualify for my signature shall have powered to execute this	the same report as	e legal effect as if m required by Chapt	iade under oa ier 608, Floric	3)(i), Florida Statutes. I ath, that I am a managi la Statutes.	ng membe	r or manage	r of the

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