


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

RECEIVED MAY 20 2005

DOCUMENT # L99000004269		
1. Entity Name MIGRATION VENTURES, L.C.		

FILED  
05 MAY 16 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

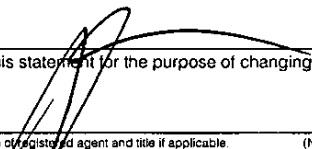
Principal Place of Business 2701 W. OAKLAND PARK BLVD., STE 400 FORT LAUDERDALE, FL 33311	Mailing Address 2701 W. OAKLAND PARK BLVD., STE 400 FORT LAUDERDALE, FL 33311
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 24 N.E. 24th Ave City & State Pompano Beach, FL Zip 33062 Country Broward	Suite, Apt. #, etc. 24 N.E. 24th Ave City & State Pompano Beach, FL Zip 33062 Country Broward

02232005	Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-0945782	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	

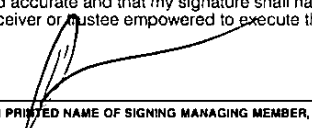
6. Name and Address of Current Registered Agent	
PLATNER, MICHAEL G 2701 W. OAKLAND PARK BLVD., SUITE 400 FORT LAUDERDALE, FL 33311	

7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) 24 N.E. 24th Ave City Pompano Beach FL Zip Code 33062	

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 	DATE 4/4/05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLATNER, MICHAEL G 2701 W. OAKLAND PARK BLVD., SUITE 400 FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	24 N.E. 24th Ave Pompano Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200054916242 05/20/05--01043--002 **400.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 4/4/05 Daytime Phone # 954-739-5400