## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State	
1. Entity Nar	JMENT # L99000005 VAN, LLC.	402		Secretary of State	
215 FIFTH S	ce of Business ST., STE 100 BEACH, FL 33401	Mailing Address 215 FIFTH ST., STE 100 WEST PALM BEACH, FL 33401		 	
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01052005 No Chg-LLC CR2E083 (10/03)  4. FEI Number	
SWANSON, DAN E 215 FIFTH ST., STE 100 WEST PALM BEACH, FL 33401			<del>.</del>	DO NOT WRITE IN THIS SPACE	
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 il applicable  (NOTE, Registered Agent signature required when reinstating)  DATE  Filling Fee is \$50.00  Due by May 1, 2005					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	MANAGING MEMBEF MGRM SWANSON, DAN E 215 FIFTH ST., STE 100 WEST PALM BEACH, FL 33401	\$/MANAGERS		U00000174302 01/10/05-80003-003 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			 : :	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied with the	sis filling dage not qualify for the area	polition stated in Section	tion 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated limited liai	on this report is true and accurate and the bility company of the receiver or human.	at my signature shall have the same	legal effect as if ma required by Chapte	ade under oath; that I am a managing member or manager of the of 608. Florida Statutes.	