


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000007557

1. Entity Name
 FLEIT, KAIN, GIBBONS, GUTMAN, BONGINI & BIANCO, P.L.



Principal Place of Business Mailing Address

750 SOUTHEAST THIRD AVENUE, SUITE 100 750 SOUTHEAST THIRD AVENUE, SUITE 100
 FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE



03232005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0963391	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KAIN, ROBERT C JR.
 750 SOUTHEAST THIRD AVENUE, SUITE 100
 FORT LAUDERDALE, FL 33316

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN FLEIT, P.A. 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT C. KAIN, P.A. 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHEN BONGINI, P.L. 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JON A. GIBBONS, P.L. 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSE GUTMAN, P.L. 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL D. BIANCO, P.A. 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316

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 03/24/05-80037-003 50.00

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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:  *Mgr. member Ft. Laud. Co.*
 Robert C. Kain, Jr. 3/23/05 954-768-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #