2	005 LIMITED LIABILITY COMPAN ANNUAL REPORT	Y · FILED
DOCU 1. Entity Nar	IMENT # L9900008412	Feb 21, 2005 08:00 AM Secretary of State
108 FORES BOX 447	ce of Business Mailing Address T AVE. 108 FOREST AVE. BOX 447 LLEY, NY 11560 LOCUST VALLEY, NY 11560	
C	DO NOT WRITE IN THIS SPAC	01052005 No Chq-LLC CR2E083 (10/03)
6. Name and Address of Current Registered Agent		
309 SUNS	HOWARD T JR SET DRIVE JDERDALE, <u>FL</u> 33301	DO NOT WRITE
 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. 1 am familiar with, and accept the obligations of registered agent. 		
SIGNATURE		
Filing Fee is \$50.00 Due by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS	a a fair an an a fair an
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR HOGAN, HOWARD T JR 108 FOREST AVE. LOCUST VALLEY, NY 11560	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		UCTOU1237394 18721705-80054-019 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee employeed to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: H. J. Hogan, J. 2/15/05 (516) 759-4270 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Data Data Davismo Phone #		