	2005 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Jul 25, 2005 08:00 AM	
145 PARK WENNE CO BETH KURN REMOVADY NEW YORK, WY 10154       345 PARK WENNE CO BETH KURN REMOVADY NEW YORK, WY 10154       071120/06/W C/Dq-LLC       0R2E003 (10/03)         DO NOT WRITE IN THIS SPACE         DO NOT WRITE IN THIS SPACE         071120/06/W C/Dq-LLC       0R2E003 (10/03)         Interview         071120/06/W C/Dq-LLC       0R2E003 (10/03)         Interview	1. Entity Name				Secretary of State	
DO NOT WRITE IN THIS SPACE     0712008N0 Chg-LLC     CR2693 (10/03)       4. FEI hundburg     Applied For 13-4111309     Applied For 13-4111309     Applied For 13-4111309       C. CordCore of Status Durined     S. CordCore of Status Durined     S. Status Durined       C. T. CordFord True Sixtua Durined     S. CordCore of Status Durined     S. Status Durined       C. T. CordFord True Sixtua Durined     DO NOT WRITE IN THIS SPACE     DO NOT WRITE       Schwart During Status Status Durined     DO NOT WRITE     In the applied agant       Schwart During Status	345 PARK AV C/O BETH RU	/ENUE 345 PARK AV Din Dewoody c/o beth Ru	enue Din Dewoody			
6. Name and Address of Current Registered Agent         C.T. CORPORATION SYSTEM         1200 SOUTH PINE ISLAND ROAD         PLANTATION, FL. 33324         DO NOT WRITE         IN the biblighter of the process of changing its registered office or registered agent, or both, in the State of Florida. 1 an familiar with, and accept the oblighter of agents.         SIGNATURE         Signature         Betwood pressure of englistered agent.         Model         Signature         Betwood pressure of englistered agent.         Betwood pressure of englistered agent.         Betwood pressure of englistered agent.         Signature         Betwood pressure of englistered agent.         Betwood pressure of englistered agent. <th>D</th> <th>O NOT WRITE IN TH</th> <th>S SPAC</th> <th>E</th> <th>07112005 No Chg-LLC         CR2E083 (10/03)           4. FEI Number         Applied For           13-4111309         Not Applicable           5. Certificate of Status Desired         S5.00 Additional</th>	D	O NOT WRITE IN TH	S SPAC	E	07112005 No Chg-LLC         CR2E083 (10/03)           4. FEI Number         Applied For           13-4111309         Not Applicable           5. Certificate of Status Desired         S5.00 Additional	
1200 SOUTH PINE ISLAND ROAD     DO INOT WHITE IN THIS SPACE       In The above named endly submits the statement for the purpose of changing its registered agent, or both, in the State of Fordia. 1 am familiar with, and accept the obligations of registered agent.     In the state of Fordia. 1 am familiar with, and accept       SIGNATURE     Both not negative maximum of negative duer and the Percentage and the obligations of registered agent.     Intermitian with, and accept       SIGNATURE     MARGING MEUGERS/MANAGERS     Intermitian with agent due to a distribution of 220 rpsb.       Intermitian water agent due to a distribution of the Percentage     Intermitian water agent due to a distribution of 220 rpsb.       Intermitian water agent due to a distribution of the Percentagent due to a distribution of 220 rpsb.     Intermitian water agent due to a distribution of 220 rpsb.       Intermitian water agent due to a distribution of the Percentagent due to a distribution of 220 rpsb.     Intermitian water agent due to a distribution of 220 rpsb.       Intermitian water agent due to a distribution of the Percentagent due to a distribution of 220 rpsb.     Intermitian water agent due to a distribution of 220 rpsb.       Intermitian water agent due to a distribution of the amount due to a distribution of 220 rpsb.     Intermitian water agent due to a distribution of 220 rpsb.       Intermitian water agent due to a distribution of the amount due to a distribution		6. Name and Address of Current Registered Agent				
the obligations of registered sport.  SIGNATURE:  SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATU	1200 SOUTH PINE ISLAND ROAD					
Filing Fee is \$50.00       Due by September 7, 2005       9.     MARAGING MEMORPR/MANAGERS       Intel       MMS     DeWOODY, BETH RUDIN       SHEF ADDRSS     345 PARK AVENUE       017, 51, 2P     NEW YORK, NY 10154       Intel     DO NOT WRITE       MAR     SHEF ADDRSS       017, 51, 2P     Intel       MAR     SHEF ADDRSS       017, 51, 2P     DO NOT WRITE       Intel     NAK       SHEF ADDRSS     DO SPACE       OT / 51, 2P     Intel NAK       SHEF ADDRSS     DO SPACE       Intel NAKE     SHEF ADDRSS       OT / 51, 2P     Intel NAKE       SHEF ADDRSS     OT / 51, 2P       Intel     NAKE       SHEF ADDRSS     OT / 51, 2P       Intel NAKE     ShEF ADDRSS       OT / 51, 2P     Intel NAKE       SHEF ADDRSS     OT / 51, 2P       Intel NAKE     ShEF ADDRSS       SHEF ADDRSS     OT / 51, 2P       SHEF ADDRSS     OT / 51, 2P	the obligations of registered agent.					
Due by September 7, 2005       9.     MARAGING MEWERS/MANAGERS       THE     MGRM       NMM     DEWOODY, BETH RUDIN       SHEET ADDRSS     345 PARK AVENUE       UP: 51-2P     NEW YORK, NY 10154       THE     MGRM       NMK     077-257/05-80005-014 50.00       SHEET ADDRSS     077-257/05-80005-014 50.00       THE     MARK       NMK     DO NOT WRITE       ITLE     NMK       SHEET ADDRSS     DO NOT WRITE       ITLE     MARK       NMK     SHEET ADDRSS       GIY: 51-2P     DO NOT WRITE       ITLE     NMK       SHEET ADDRSS     DO NOT WRITE       SHEET ADDRSS     DO NOT WRITE       SHEET ADRESS     DO NOT WRITE   <						
ITTLE     MGRM       NMM     DEVJOODY, BETH RUDIN       SITERTADDES     NEW YORK, NY 10154       UDUDDD0374350     07/25/05-80005-014 50.00       ITTLE     NEW YORK, NY 10154	Due b	y September 7, 2005	· · · · · · · · · · · · · · · · · · ·	· 、		
SIRET ADDRESS         CITY-ST-ZP         TITLE         MAKE         SIRET ADDRESS         CITY-ST-ZP         DO NOT WRITE         INMAK         SIRET ADDRESS         CITY-ST-ZP         DITLE         NAME         SIRET ADDRESS         CITY-ST-ZP         TITLE         NAME         SIGENATURE:         MAR         SIGNATURE:	TITLE NAME STREET ADORESS	MGRM DEWOODY, BETH RUDIN 345 PARKAVENUE			100000274250	
NMME       STREET ADDRESS       DO NOT WRITE         ITLE       NAME       IN THIS SPACE         STREET ADDRESS       CITY-ST-270       INIL         ITLE       NAME       STREET ADDRESS         CITY-ST-270       INIL       INIL         MAME       STREET ADDRESS       CITY-ST-270         ITTLE       NAME       STREET ADDRESS         CITY-ST-270       INIL       INIL         NAME       STREET ADDRESS       CITY-ST-270         ITTLE       Indicates on this report is true and accurate and hat 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 requirer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.       TIT 19/05         SIGNATURE:       MAME       TITY 200       TITY 200	NAME STREET ADDRESS		·		07/25/05-80005-014 50.00	
IN THIS SPACE  IN THIS SPACE  IN THIS SPACE  IN THIS SPACE  INT THIS SPACE INT THIS SPACE INTER THE	NAME STREET ADDRESS				DO NOT WRITE	
NAME STREET ADDRESS (JTY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(0). Florida Statutes 1 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: SIGNATURE: MANAGEMAN	NAME STREET ADDRESS				IN THIS SPACE	
NAME         STREET ADDRESS         CITY-ST-ZIP         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 1 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 provision or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.         SIGNATURE:       T119/05       212-407-2705	NAME STREET ADDRESS					
SIGNATURE:	NAME STREET ADDRESS CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	<u></u>		
SIGNATURE: The red Dave 7/19/05 212-407-2700	11. I hereby ce indicated c limited liab	artify that the information supplied with this filing does not o in this report is true and accurate and that my signature sh ility company or the regeiver or trustee empowered to exerc	ualify for the exemption all have the same leg oute this report as real	on stated in Sec al effect as if ma ulred by Chapte	tion 119.07(3)(i). Florida Statutes 1 further certify that the information ade under oath, that I am a managing member or manager of the r 608, Florida Statutes.	
	7/19/05 212-407-2700					