2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jan 29, 2005 08:00 AM Secretary of State DOCUMENT # M03000002389 167 SPRINGS-FIREPLACE ROAD LLC Mailing Address Principal Place of Business 21 SQUIRES PATH 21 SQUIRES PATH EAST HAMPTON, NY 11937 EAST HAMPTON, NY 11937 01122005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3559156 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. DO NOT WRITE 773 4TH AVENUE NORTH NAPLES, FL 34102 IN THIS SPACE 5. 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. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9 MGRM Ime COOPER, ROBERT NAME 21 SQUIRES PATH STREET ADDRESS U00000203958 01/29/05-80052-001 50.00 CITY-ST-ZIP EAST HAMPTON, NY 11937 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

FILED