

FILED
Jan 25, 2005 08:00 AM
Secretary of State

Mailing Address
3829 PARTRIDGE PLACE SOUTH - QUAIL RIDGE
BOYNTON BEACH, FL 33436

DO NOT WRITE IN THIS SPACE



CR2E083 (10/03)

Applied For
Not Applicable

1

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLANGERE, JULES L JR.
3829 PARTRIDGE PLACE SOUTH - QUAIL RIDGE
BOYNTON BEACH, FL 33436

**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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PLANGERA III, JULES
STREET ADDRESS	3829 PARTRIDGE PLACE SOUTH - QUAIL RIDGE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE
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01/26/05-80010-013 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date _____

Daytime Phone #