


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000526
1. Entity Name
SUNDANCE HOLDINGS, L.C.



Principal Place of Business: 1150B EAST HALLANDALE BEACH BOULEVARD, HALLANDALE, FL 33309
Mailing Address: 1150B EAST HALLANDALE BEACH BOULEVARD, HALLANDALE, FL 33309

DO NOT WRITE IN THIS SPACE



01072005 No Chg-LLC CR2E083 (10/03)

4. FEI Number: 65-1011763 Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LECHTER, ROBERT
1150B E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	PTD
NAME	LECHTER, ROBERT
STREET ADDRESS	1150B E HALLANDALE BEACH BLVD
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	VSD
NAME	HIMMELSTEIN, CARLOS
STREET ADDRESS	1150B E HALLANDALE BEACH BLVD
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/05-80038-001 50.00

**DO NOT WRITE
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)(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: Robert Lechter, Manager 4-2505-954-4553660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #