



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90072 036 ****55.00

DOCUMENT # L00000006809 1. Entity Name ROXBURY COURT, LLC					
Principal Place of Business 11900 BISCAYNE BLVD SUITE 262 NORTH MIAMI, FL 33181			Mailing Address 11900 BISCAYNE BLVD SUITE 262 NORTH MIAMI, FL 33181		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREEN, PATRICIA K 2200 MUSEUM TOWER 150 WEST FLAGLER ST MIAMI, FL 33130				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STONE, ELLIOT 12550 BISCAYNE BLVD. SUITE 215 NORTH MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Stone, Elliot 11900 Biscayne Blvd. suite 262 N. Miami, FL 33181	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARKSON, DANIEL B 12550 BISCAYNE BLVD. SUITE 215 NORTH MIAMI, FL 33181		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM member Markson, Daniel B 11900 Biscayne Blvd. suite 262 N. Miami, FL 33181	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4/6/05 3058913331		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

20034764



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1022064 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required