


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000020345</b>	
1. Entity Name HASPEL FAMILY ENTERPRISES, L.L.C.	

Principal Place of Business 1814 NE MIAMI GARDENS 701 MIAMI, FL 33179	Mailing Address 1814 NE MIAMI GARDENS DR #701 N. MIAMI BEACH, FL 33179
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**DO NOT WRITE IN THIS SPACE**



01052005No Chg-LLC	CR2E083 (10/03)
4. FEI Number 03-0375048	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HASPEL, ARTHUR  
1814 NE MIAMI GARDENS DR #701  
N MIAMI BEACH, FL 33179

**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: Arthur Haspel ARTHUR HASPEL DATE: 1/6/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HASPEL, ARTHUR C 1814 NE MIAMI GARDENS DR #701 MIAMI, FL 33179
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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: Arthur Haspel DATE: 1/6/05 DAYTIME PHONE #: (954) 205-6304

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