## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L01000022517**

1. Entity Name
TEX-MEM SITELITE, LLC



Principal Place of Business

16410 MADDALENA PLACE DELRAY BEACH, FL 33446 Mailing Address

16410 MADDALENA PLACE DELRAY BEACH, FL 33446

## **FILED** Apr 23, 2005 08:00 AM Secretary of State



04142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-2990417

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

| KUKES, JEFFREY 16410 MADDALENA PLACE DELRAY BEACH, FL 33446 |   | <u> </u>  | DO NOT WRITE IN THIS SPACE                              |  |
|---|---|---|---|--|
|   | named entity submits this statement for the purpose of cha-<br>tions of registered agent. | nging its registered office or registered agent, or both,   | in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE   | Signature, typed or printed name of registered agent and title if applicable              | (NOTE Registered Agent signature required when reinstating) | DATE  |  |
| Fi<br>D   | iling Fee is \$50.00<br>ue by May 1, 2005   |   |   |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-S1-ZIP              | MGRM JJK MANAGER, INC. 16410 MADDALENA PLACE DELRAY BEACH, FL 33446                       |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |   |   | U00000326135<br>04/23/05-80044-013 50.00                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |   | DO  | NOT WRITE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                       |   | IN T  | HIS SPACE   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |   |   |   |  |
| TITLE   |   | · · · · · · · · · · · · · · · · · · ·                       | <del></del>   |  |

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 cath, 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:

NAME STREET ADDRESS CITY+ST-ZIP

> KUL SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE