


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000019364  
 1. Entity Name  
 2630 NORTH ANDREWS AVENUE, LLC



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 3200 NORTH OCEAN BOULEVARD, UNIT 509 3200 NORTH OCEAN BOULEVARD, UNIT 509  
 FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308

**DO NOT WRITE IN THIS SPACE**



03242005No Chg-LLC CR2E083 (10/03)

4. FEI Number 83-0355036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LEEDS, MARILYN  
 3200 NORTH OCEAN BOULEVARD, UNIT 509  
 FT LAUDERDALE, FL 33308

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 LEEDS, MARILYN 3200 N OCEAN BLVD #509 FORT LAUDERDALE, FL 33308
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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)(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: *Marilyn Leeds* Date: *3/26/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #