2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State	
DOCUI 1. Entity Nam 2322, LLC		029428		Secreta	ry of State
3051 N.E. 48TH STREET, #706 3051 N.E. 4		Mailing Address 3051 N.E. 48TH STREET, #7 FORT LAUDERDALE, FL 3330		 	N ANNE PERIN RIVIZ ANNO TRAVES IN CRIS
D		TE IN THIS SPA	CE	4. FEI Number 85-0363758	CR2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of C	urrent Registered Agent	-		
WAXMAN, RHODA 3051 N.E. 48TH STREET, #706 FORT LAUDERDALE, FL 33308			DO NOT WRITE IN THIS SPACE		
the obligat	s named entity submits this state tions of registered agent. Signature, typed or printed name of registered in the state of the state	ment for the purpose of changing its register that the purpose of changi	ered office or registe	<u>, Şu : ⊕ ⇔law — i</u>	. I am laminar with, and accept
9.	MANAGING	MEMBERS/MANAGERS	1	<u> </u>	97103
TITLE NAME STREET AODRESS CITY-ST-ZIP	MGRM WAXMAN, RHODA 3051 NE 48TH ST #706 FORT LAUDERDALE, FL			01/26/05-8	97108 90098-002 5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s		73 \$7 COF CO	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		<u>-æ </u>		IN THIS SPA	J. T.
CITY-ST-ZIP		e e e e	ſ		

11. Thereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited hability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY+ST-ZIP

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

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