

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90027 043 ****55.00

DOCUMENT # L03000052609
 1. Entity Name
 20871 JOHNSON STREET SUITE 106, LLC



Principal Place of Business 20871 JOHNSON STREET, SUITE 106 PEMBROKE PINES, FL 33029	Mailing Address 20871 JOHNSON STREET, SUITE 106 PEMBROKE PINES, FL 33029
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01052005 No Chg: LLC CR2E083 (10/03)

4. FEI Number 86-1092542	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 SINGER, JESSE T
 2699 S. BAYSHORE DRIVE
 MIAMI, FL 33133

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALIBRANDI, ENZO 20871 JOHNSON ST., STE 106 PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PP</i> <i>ALIBRANDI, PAULA</i> <i>20871 JOHNSON ST, STE 106</i> <i>PEMBROKE PINES, FL 33029</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Enzo Alibrandi* *1/5/05 954 426 9101*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #