## **2005 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT** DOCUMENT # L04000038885 1. Entity Name

## FILED Apr 19, 2005 8:00 am Secretary of State

FORÉ SCORE, LLC						04-19-2003 90020 013 **** 30.00				
Principal Place of Business 2999 BRICKELL AVENUE ATTN: DEAN ZIFF MIAMI, FL 33129			Mailing Address 2999 BRICKELL AVENUE ATTN: DEAN ZIFF MIAMI, FL 33129			20091000				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01122005	Chg-LLC	: CR2E08	3 (10/03)	
City & State			City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Numb	per -116140	7	<del></del>	oplied For
Zip	Country		Zip Country		try	5. Certificate	e of Status Desired	. п \$	5.00 Add	ditional
	6. Name and Address o	of Current R	egistered Agent	·		7. Name an	d Address of Nev	Registered A	gent	
CHARLES, RATNER H ESQ. 1800 SUNSET HARBOUR DRIVE SUITE #2			• 1 ·	-	Name			L_		<i></i>
					Street Address (P.O. Box Number is Not Acceptable)					
	ACH, FL, FL 33139									
					City			FL	Zip Cod	e
8. The above the obligat	named entity submits this stations of registered agent.	atement for t	the purpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of	Florida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of reg	gistered agent and	d title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE	`	
					<del></del>			1		
Filing Fee is \$50.00 Due by May 1, 2005						Make check payable to Florida Department of State				
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9.	ue by May 1, 2005	IG MEMBER	S/MANAGERS	10.			Flor			•
D	ue by May 1, 2005	IG MEMBER	S/MANAGERS	10.			Flor	da Departme		Addition
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9. TITLE NAME STREET ADDRESS	MANAGIN  MGRM  FORE SCORE GP, LLC 2999 BRICKELL AVENU	;	☐ Delete	TITLE NAM STRE	E ET ADDRESS		Flor	da Departme	nt of State	
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I nereby centry 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 informatic 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.