

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90016 027 ****50.00

DOCUMENT # L04000050095		
1. Entity Name OLD FLORESTA L.L.C.		

Principal Place of Business 755 HIBISCUS ST. BOCA RATON, FL 33486	Mailing Address 755 HIBISCUS ST. BOCA RATON, FL 33486
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07012005 Chg-LLC CR2E083 (10/03)

4. FEI Number <i>applied for</i>	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HINDS, ANNE 755 HIBISCUS ST. BOCA RATON, FL 33486		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 <i>[Signature]</i>	DATE <i>7/11/05</i>
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Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILTON, PATRICK 755 HIBISCUS ST. BOCA RATON, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINDS, ANNE 755 HIBISCUS ST. BOCA RATON, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <i>[Signature]</i>	DATE: <i>7/11/05</i>	DAYTIME PHONE: <i>561 312 9575</i>
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