

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001571

Entity Name: 631 HUMMINGBIRD LLC

FILED
Jan 20, 2005
Secretary of State

Current Principal Place of Business:

C/O LARRY E. SCHNER ESQ
750 S DIXIE HIGHWAY
BOCA RATON, FL 33432

New Principal Place of Business:

631 LUCERNE AVE
LAKE WORTH, FL 33460

Current Mailing Address:

C/O LARRY E. SCHNER ESQ
750 S DIXIE HIGHWAY
BOCA RATON, FL 33432

New Mailing Address:

631 LUCERNE AVE
LAKE WORTH, FL 33460

FEI Number: 20-0531194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNER, LARRY E
C/O LARRY E. SCHNER ESQ
750 S DIXIE HIGHWAY
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PETERS, DOUGLAS
Address: C/O LARRY E. SCHNER 750 S. DIXIE HIGHWAY
City-St-Zip: BOCA RATON, FL 33432

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PETERS, DOUGLAS
Address: 6023 LE LAC ROAD
City-St-Zip: BOCA RATON, FL 33496

Title: MGR () Change (X) Addition
Name: AGELOFF, MICHAEL
Address: 100 N OCEAN BLVD #106
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL AGELOFF

MGR

01/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date