2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State
02-02-2005 90154 036 ****50.00

DOCUMENT # L03000054746

1. Entity Name

823 N.E. 71ST STREET, LLC

20006304

1st MOORE CR2E083 (10/04)

Principal Place of Business	Mailing Address
~~P.O. BOX 812007~~ ~~BOCA RATON FL 33481~~	~~P.O. BOX 812007~~ ~~BOCA RATON FL 33481~~

2. Principal Place of Business	3. Mailing Address
1235 Spanish River Rd.	PO Box 1907
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33432 Country: US	Zip: 33429 Country: US

4. FEI Number 76-0748192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENNIGAR, WILLIAM 1235 SPANISH RIVER ROAD BOCA RATON FL 33432	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 Christine Biordi Christine Biordi 1/27/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BIORDI, CHRISTINE ~~P.O. BOX 812007~~ ~~BOCA RATON FL 33481~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ ~~Change~~ ☐ Addition	PO Box 1907 Boca Raton, FL 33429
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BIORDI, MARION ~~P.O. BOX 812007~~ ~~BOCA RATON FL 33481~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ ~~Change~~ ☐ Addition	PO Box 1907 Boca Raton, FL 33429
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: Christine Biordi Christine Biordi 1/27/05 561-750-9214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #