

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083825

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: 1923 NW 23RD BLVD., UNIT 124, LLC

**Current Principal Place of Business:**

PO BOX 14968  
GAINESVILLE, FL 32604 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14968  
GAINESVILLE, FL 32604 US

**New Mailing Address:**

FEI Number: 59-3790509      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOSKES, STEVEN D ESQ.  
2424 NORTH FEDERAL HIGHWAY  
450  
BOCA RATON, FL 33431 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: MGRM ( ) Delete  
Name: KONOPKA, NICK  
Address: PO BOX 14968  
City-St-Zip: GAINESVILLE, FL 32604 US

Title: MGRM ( ) Delete  
Name: KONOPKA, TRACEY  
Address: PO BOX 14968  
City-St-Zip: GAINESVILLE, FL 32604 US

Title: MGRM ( ) Delete  
Name: MONAHAN, CLARK  
Address: 419 ANASTASIA BOULEVARD  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM ( ) Delete  
Name: MONAHAN, BONNIE  
Address: 419 ANASTASIA BOULEVARD  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NICK KONOPKA

MGRM

04/29/2005

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