2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

| 1. Entity Nam EIGHT T | WENTY NINE, LLC | 4358 | | Secre | etary of State |
|--|---|---|--|--|--|
| 41 BAY COL | ce of Business ONY DRIVE ERDALE, FL 33308 | Mailing Address 4901 NW 17 WAY #103 FORT LAUDERDALE, FL 33309 |) | | trii dellikka erral arras Dombo 115 dadi |
| C | OO NOT WRITI | E IN THIS SPACE | CE | 01262005 No Chg-LLC CF 4. FEI Number 65-1104509 5. Certificate of Status Desired | A2E083 (10/03) Applied For Not Applicable \$5.00 Additional Fee Required |
| BOOKSTEIN, MERRILL A 2499 GLADES ROAD, SUITE 308 BOCA RATON, FL 33431 | | | DO NOT WRITE IN THIS SPACE | | |
| 8. The above the obligate SIGNATURE | a named entity submits this statement tions of registered agent. Signature, typed of printed name of registered age | |) ed affice ar registen d Apont signature réquired | | ΤE |
| F | iling Fee is \$50.00 ue by May 1, 2005 | | _ * • • | 04/29/05-801 | 814 12-022 50.00 |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEME MGR EIGHT TWENTY NINE MANAG 41 BAY COLONY DRIVE | EMENT CORPORATION | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FORT LAUDERDALE, FL 3330 | o | 3 | —————————————————————————————————————— | |
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| 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 cath; that I am a managing member or manager of the limited liability company or the receiver of the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver of the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver of the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver of the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver of the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver of the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver of the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver of the same legal effect as if made under cath is a same legal effect as if made under cath is same legal effect. | | | | | |
| SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Device Prope s | | | | | |