



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90037 011 ****55.00

DOCUMENT # L04000018573 1. Entity Name ANTARES MANAGEMENT, LLC					
Principal Place of Business C/O COMMERCEBANK, NA, TRUSTEE-ANTONY PEREA 220 ALHAMBRA CIR, PENTHOUSE SUITE CORAL GABLES, FL 33134				Mailing Address C/O COMMERCEBANK, NA, TRUSTEE-ANTONY PEREA 220 ALHAMBRA CIR, PENTHOUSE SUITE CORAL GABLES, FL 33134	
2. Principal Place of Business COMMERCEBANK TRUST COMPANY Suite, Apt. #, etc. 220 Alhambra Circle, 11 Flr City & State Coral Gables, FL Zip 33134		3. Mailing Address COMMERCEBANK TRUST COMPANY Suite, Apt. #, etc. 220 Alhambra Circle, 11 Flr City & State Coral Gables, FL Zip 33134			
4. FEI Number 04142005				Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COMMERCEBANK TRUST COMPANY, N.A. 220 ALHAMBRA CIRCLE, 11TH FLOOR CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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 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: <u>Anthony Perea</u> Anthony Perea 4/15/05 (305) 460-8589					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					