2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90048 014 ****55.00

DOCUMENT # L03000018106

1. Entity Name

LOXAHATCHEE VENTURE, LLC

Principal Place of Business	Mailing Address
~~75 NW 6TH AVENUE, STE. 214~~ DELRAY BEACH FL 33483	~~75 NW 6TH AVENUE, STE. 214~~ DELRAY BEACH FL 33483

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
1120 S. Federal Hwy	1120 S. Federal Hwy
Suite, Apt. #, etc. #200	Suite, Apt. #, etc. #200
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0961196 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZENGAGE, JIM
~~75 NE 6TH AVENUE, STE. 214~~
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1120 S Federal Hwy #200

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 _____
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	MGRM RETAIL CONCEPTS INC ~~76 NE 6TH AVE # 214~~ ~~DELRAY BEACH FL 33483-5453~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change 1120 S. Federal Hwy #200 Delray Beach FL 33483	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ 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: _____ 4/25/05 561 278-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

By Retail Concepts Inc. as Managing Member