

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2005 8:00 am
Secretary of State

04-29-2005 90057 017 ****50.00

DOCUMENT # L04000065368 1. Entity Name INFINITY HOLDINGS, LLC																																			
Principal Place of Business 2200 NW CORPORATE BOULEVARD, SUITE 401 BOCA RATON, FL 33431		Mailing Address 2200 NW CORPORATE BOULEVARD, SUITE 401 BOCA RATON, FL 33431																																	
2. Principal Place of Business 515 E. Las Olas Blvd. Suite, Apt. #, etc. Suite 1050 City & State Fort Lauderdale, FL Zip 33301		3. Mailing Address 515 E. Las Olas Blvd. Suite, Apt. #, etc. Suite 1050 City & State Fort Lauderdale, FL Zip 33301																																	
Country USA		Country USA																																	
4. FEI Number 04082005		Chg-LLC CR2E083 (10/03)																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																	
6. Name and Address of Current Registered Agent HCRM CORP. 2200 NW CORPORATE BOULEVARD, SUITE 401 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing)</small>																																			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td> MGR INFINITY MANAGER, INC. 515 E. Las Olas Blvd., Suite 1050 Fort Lauderdale, FL 33301 </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		MGR INFINITY MANAGER, INC. 515 E. Las Olas Blvd., Suite 1050 Fort Lauderdale, FL 33301												
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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><i>Daniel F. Adache</i></u> Daniel F. Adache 4/15/05 954-524-0607 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																			

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