

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

05-03-2005 90015 003 ****50.00

DOCUMENT # L03000054541	
1. Entity Name FPL PARTNERS, LLC	

Principal Place of Business 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020 US	Mailing Address 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020 US
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVID, BENNETT L III 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

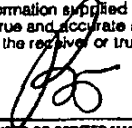
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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	MGR PEP MANAGEMENT, INC. 3300 N. 29TH AVENUE, #101 HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  4/27/05 954-925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
30009534
L03000054541

SARA DAVID REALTY, INC.

REALTORS

SARA DAVID

BENNETT DAVID

ASSOCIATES

ASHLEY DAVID

JODY DAVID

DAVID BERMAN

ELYSE DAVID

FREDERIC DAVID

3300 N. 29th Ave., Suite 101

HOLLYWOOD, FL 33020

Phone: 954/925-7100

Fax: 954/920-0015

WWW.SARADAVID.COM

June 15, 2005

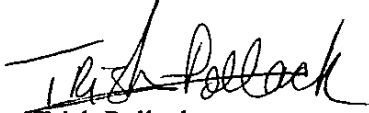
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Subject: FPL Partners, LLC
Ref No: L03000054541

In reference to your attached letter, please find copy of Application for Employer Id. No. The Federal ID No. for FPL Partners, LLC is 55-0897946.

If you have any questions, please give me a call at 954-925-7100.

Thank you,



Trish Pollack
Office Manager

ATTACHMENT

001/001

06/07/2005 10:51 9549200015

SARA DAVID REALTY

06/03/2005 15:33 9549255872

GOVE & SCHWARTZ, CPA

T/6/13/05
PAGE 02/02

PAGE 02/03

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
See separate instructions for each line. Keep a copy for your records.FOUND
EIN 55-0897946

OMB No. 1545-0048

1 Legal name of entity (or individual) for whom the EIN is being requested EPL Partners, LLC		2 Trade name of business (if different from name on line 1)		3 Director, trustee, or name of name	
4a Mailing address (room, apt., suite no., and street, or P.O. box) 3300 N. 29TH Avenue		5a Street address (if different) (Do not enter a P.O. box.)		5b City, state, and ZIP code	
4b City, state, and ZIP code Hollywood, FL 33020		5b City, state, and ZIP code		6 County and state where principal business is located Broward, FL	
7a Name of principal officer, general partner, grantor, owner, or trustee Bennett David		7b SSN, TIN, or EIN 267-60-5190		8a Type of entity (check only one box)	
☐ Sole proprietor (SSN) ☐ Partnership ☐ Corporation (enter firm number to be filed) ☐ Personal service corp. ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ☒ Other (specify) Disregarded Entity		☐ Estate (SSN of decedent) ☐ Plan administrator (SSN) ☐ Trust (SSN of grantor) ☐ National Guard ☐ Farmers' cooperative ☐ REMIC ☐ State/local government ☐ Federal government/military ☐ Indian tribal government/enterprise Group Exemption Number (GEN)		8b If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country 9 Reason for applying (check only one box) ☒ Started new business (specify type) Land Development ☐ Hired employees (Check the box and see line 12.) ☐ Compliance with IRS withholding regulations ☐ Other (specify)	
10 Date business started or acquired (month, day, year) 8/1/2005		11 Closing month of accounting year 12/31		12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A	
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."		Agricultural		Household	
14 Check one box that best describes the principal activity of your business.		☐ Health care & social assistance ☐ Accommodation & food service ☐ Other (specify)		☐ Wholesale - agent/broker ☐ Wholesale - other ☐ Retail	
☐ Construction ☒ Real estate ☐ Rental & leasing ☐ Manufacturing ☐ Transportation & warehousing ☐ Finance & insurance		☐ Wholesale - agent/broker ☐ Wholesale - other ☐ Retail		☐ Wholesale - agent/broker ☐ Wholesale - other ☐ Retail	
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Land					
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . ☐ Yes ☒ No Note: If "Yes," please complete lines 16b and 16c.					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name Trade name					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN					

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name _____

Address and ZIP code _____

Designee's telephone number (include area code) _____

Designee's fax number (include area code) _____

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) **Bennett David Partner**

Signature

Date **6/16/2005**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Applicant's telephone number (include area code)

(854) 825-7100

Applicant's fax number (include area code)

(854) 820-0015

Form SS-4 (Rev. 12-2001)