

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000001954  
 1. Entity Name  
 1501-1507 ELIZABETH AVENUE, LLC



Principal Place of Business      Mailing Address  
 332 SOUTH COUNTY ROAD      332 SOUTH COUNTY ROAD  
 PALM BEACH, FL 33480      PALM BEACH, FL 33480



**DO NOT WRITE IN THIS SPACE**

08082005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 01-0581136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RODDY, ROBERT ANDREW  
 332 SOUTH COUNTY ROAD  
 PALM BEACH, FL 33480

**DO NOT WRITE IN THIS SPACE**

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RODDY, ROBERT A
STREET ADDRESS	332 SOUTH COUNTY ROAD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000377094  
 08/25/05-R00006-005 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Robert A. Roddy*      08/23/05 (561)632-8378

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