

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90103 038 ****50.00

DOCUMENT # L00000007230 1. Entity Name 2241 NORTH, LLC					
Principal Place of Business PO BOX 840638 HOLLYWOOD, FL 33084			Mailing Address PO BOX 840638 HOLLYWOOD, FL 33084		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1017631	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SMETS, MICHAEL 3506 TORREMOLINOS AVENUE MIAMI, FL 33178			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accepted) 3136 SARATOGA LN City DAVIE FL Zip Code 33328		
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		 Michael A. Smets		DATE 1-21-05	
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	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	SMETS, MICHAEL A		NAME	3136 SARATOGA LN	
STREET ADDRESS	3506 TORREMOLINOS AVENUE		STREET ADDRESS	DAVIE FL 33328	
CITY- ST- ZIP	MIAMI, FL 33178		CITY- ST- ZIP	DAVIE FL 33328	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GONZALEZ, MANUEL		NAME		
STREET ADDRESS	6101 SW 183 WAY		STREET ADDRESS		
CITY- ST- ZIP	FT. LAUDERDALE, FL 33331		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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:		 Michael A. Smets		DATE 1-21-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE		DATE	