


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90070 034 ****50.00

DOCUMENT # L00000007331	
1. Entity Name LAVIE PARTNERSHIP, LLC	

Principal Place of Business 368 SEMINOLE WOODS BLVD. GENEVA, FL 32732	Mailing Address 368 SEMINOLE WOODS BLVD. GENEVA, FL 32732
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2. Principal Place of Business 421 Pineong Dr Suite, Apt. #, etc.	3. Mailing Address P.O. Box 181219 Suite, Apt. #, etc.
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City & State Casselberry FL.	City & State Casselberry FL.
Zip 32707	Zip 32718-1219
Country USA	Country USA



02032005 Chg-LLC CR2E083 (10/03)


6. Name and Address of Current Registered Agent COOPER, STEPHEN H 230 NORTH PARK AVENUE SANFORD, FL 32771	
Franklin T Allen P.O. Box 181219 Casselberry	

7. Name and Address of New Registered Agent	
Name Franklin T. Allen	
Street Address (P.O. Box Number is Not Acceptable) 421 Pineong Dr.	
City Casselberry	FL Zip Code 32707

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 2/17/05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, F.T. 368 SEMINOLE WOODS BLVD. GENEVA, FL 32732 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Allen, F.T. 421 Pineong Dr. Casselberry FL. 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE: 2/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	