## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: / WWW WWW ALVEY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## FILED Mar 09, 2005 08:00 AM Secretary of State

DOCU 1. Entity Nam RISHON,		354		Secretary of State
15945 W. PI	ce of Business REST WICK PL S, FL 33014	Mailing Address 15945 W. PREST WICK PL MIAMI LAKES, FL 33014		
DO NOT WRITE IN THIS SPACE			CE	03022005 No Chg-LLC CR2E083 (10/03)  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired S5.00 Additional Fee Required
LANGBEIN 20801 BIS MIAMI, FL	N, LESLIE W ESQ. N & LANGBEIN, P.A. CCAYNE BLVD., SUITE 506 . 33180			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  Signature, typed or printed name of registered agent and life if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE				
Filing Fee is \$50.00 Due by May 1, 2005				000000256990 03/09/05-80033-023 50.00
9.	MANAGING MEMBER	Ś/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM RIND, RUTH C 15945 W. PRESTWICK PL MIAMI LAKES, FL 33014 MGRM RIND, LUCIAN 15945 W. PRESTWICK PL			
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MIAMI LAKES, FL 33014	· · · · · · · · · · · · · · · · · · ·	_	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ <u></u> .
TITLE NAME STREET ADDRESS 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)(1), 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				