


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000009794</b> 1. Entity Name WILLOW ACQUISITIONS, L.L.C.	
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Principal Place of Business 500 E BROWARD BLVD STE 1950 FORT LAUDERDALE, FL 33394	Mailing Address 500 E BROWARD BLVD STE 1950 FORT LAUDERDALE, FL 33394
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**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 52-2262197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HARDIN, DAVID C  
500 E BROWARD BLVD  
STE 1950  
FORT LAUDERDALE, FL 33394

**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 reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

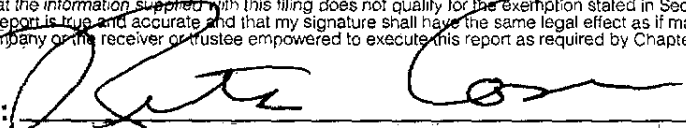
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASE, RITA 949 HILLSBORO MILE POMPANO BEACH, FL 33062
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000331580  
04/26/05-80023-003 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)(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:**  **4/18/05** **954-377-7420**

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