

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000012071	
1. Entity Name 901 N.E. 125TH STREET LLC	

Principal Place of Business 901 N.E. 125TH STREET NORTH MIAMI FL 33161-5718	Mailing Address 901 N.E. 125TH ST. SUITE 107 NORTH MIAMI FL 33161-5718
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 65-1047495	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SHUPACK, ROBERT A 4800 N. FEDERAL HIGHWAY BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code
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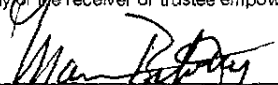
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when relinquishing) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RIBOTSKY, MARVIN H 901 NE 125 STREET, SUITE 107 NORTH MIAMI FL 33161-5718 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000208397 02/01/05-80086-001 50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEVINE, NORMAN 901 NE 125 ST., SUITE 107 NORTH MIAMI FL 33161-5718 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Marvin Ribotsky, Pres** **1/27/05** **305-895-0202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone *