


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000014369	
1. Entity Name ONE ARBOURS LLC	

Principal Place of Business 3521 N 53RD AVE. HOLLYWOOD, FL 33021	Mailing Address 3521 N 53RD AVE. HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1062602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LOWITZ, STEPHEN G
3521 N 53RD AVE.
HOLLYWOOD, FL 33021

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWITZ, STEPHEN 3521 N 53RD AVE. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LOWITZ, ELAINE K 3521 N. 53RD AVE. HOLLYWOOD, FL 33021
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03/21/05-80072-020 50.00

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: STEPHEN LOWITZ, MGRM 3/15/05 954963-4552

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