

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000003302**

1. Entity Name  
**ALBANESE-POPKIN DEVELOPMENT GROUP, LLC**



Principal Place of Business

1200 S ROGERS CIR.  
STE 11  
BOCA RATON, FL 33487

Mailing Address

1200 S ROGERS CIR.  
STE 11  
BOCA RATON, FL 33487



01202005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1098940**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALBANESE, LEONARD  
1200 S. ROGERS CIR., #11  
BOCA RATON, FL 33487

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

000000218826  
02/08/05-80003-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALBANESE, LEONARD
STREET ADDRESS	1200 S ROGERS CIR. #11
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	MGRM
NAME	POPKIN, EDWARD
STREET ADDRESS	5355 TOWNCENTER RD, STE 801
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_