

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90175 049 ***150.00

DOCUMENT # L01000004695

1. Entity Name
MARTIN & AZOULAY, L.L.C.



Principal Place of Business
**8525 S.W. 92 STREET, SUIT B-9
MIAMI, FL 33156**

Mailing Address
**8525 S.W. 92 STREET, SUIT B-9
MIAMI, FL 33156**

20010302



01312005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1087457

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, THOMAS F
8525 S.W. 92 STREET, SUIT B-9
MIAMI, FL 33156**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AZOULAY, SHARON L
STREET ADDRESS	8525 SW 92ND STREET B-9
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	MARTIN, THOMAS F
STREET ADDRESS	8525 SW 92ND STREET B-9
CITY-ST-ZIP	MIAMI, FL 33156
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)(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

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

Date

Daytime Phone #

X 2-10-05 305 598-9988