


**5 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000006821**

1. Entity Name  
ETAM FLORIDA, LLC



Principal Place of Business 1455 OCEAN DRIVE SUITE 1406 MIAMI BEACH, FL 33139	Mailing Address 1455 OCEAN DRIVE SUITE 1406 MIAMI BEACH, FL 33139
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**DO NOT WRITE IN THIS SPACE**



03162005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1099128	Applied For 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

LINDEMANN, GEORGE  
1455 OCEAN DRIVE  
SUITE 1406  
MIAMI BEACH, FL 33139

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LINDEMANN, HENRY 1455 OCEAN DRIVE, SUITE 1406 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LINDEMANN, GEORGE 1455 OCEAN DRIVE, SUITE 1406 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LINDEMANN, CHRISTINA 1455 OCEAN DRIVE, SUITE 1406 MIAMI BEACH, FL 33139
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000288317  
04/05/05-80005-004 50.00

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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: *Christina Lindemann* Date: 3-28-05

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