

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007545

FILED
Jan 24, 2005
Secretary of State

Entity Name: TRANSEASTERN VERSAILLES, LLC

Current Principal Place of Business:

3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 59-3718329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIFIORE, CORA
3300 UNIVERSITY DR
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FALCONE, ARTHUR
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Delete
Name: FALCONE, EDWARD
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM (X) Delete
Name: EISNER, NEIL
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM (X) Delete
Name: DIFIORE, CORA
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM (X) Delete
Name: EVASIUS, JOHN
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM (X) Delete
Name: ICKOVIC, JAN
Address: 3300 UNIVERSITY DR. STE. 001
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRANSEASTERN PROPERT, IES INC.
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM (X) Change () Addition
Name: TRANSEASTERN PROPERT, IES INC.
Address: 3300 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CORA DIFIORE

VP

01/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date