


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000010492 1. Entity Name 543 BREAKERS, LLC	
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Principal Place of Business 543 BREAKERS AVE. FT. LAUDERDALE, FL 33304	Mailing Address 543 BREAKERS AVE. FT. LAUDERDALE, FL 33304
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DO NOT WRITE IN THIS SPACE



01152005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1118983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DEBENEDICTUS, ROBERT N 543 BREAKERS AVE. FT. LAUDERDALE, FL 33304	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable


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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEBENEDICTUS, ROBERT 1164 E. OAKLAND PARK BLVD FT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLUCCIO, PAUL 1164 E. OAKLAND PARK BLVD FT LAUDERDALE, FL 33334
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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:  **1-20-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #