

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90424 039 ****50.00


20026426



03032005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0548743	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DOCUMENT # L01000010570
 1. Entity Name
 1930 D ROAD, LLC.



Principal Place of Business 8862 ESTATES DR WEST PALM BEACH, FL 33411	Mailing Address 8862 ESTATES DR WEST PALM BEACH, FL 33411
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 KURTZ, JOHN
 1280 NO. CONGRESS AVE. #107
 WEST PALM BEACH, FL 33409

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 _____ (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 HASTINGS, PATRICIA M 8862 ESTATES DR WEST PALM BEACH, FL 33411
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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)(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: Patricia M. Hastings Date: 3/24/05 Daytime Phone #: 5761 7188513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE