2005 LIMITED LIABILITY COMPANY ANNUAL REPORT			FILED Jul 07, 2005 08:00 AM
DOCUMENT # L01000010608 1. Entity Name REPUBLIC ENTERPRISES, LLC			Secretary of State
Principal Place of Business Mailing Address 1360 N.W. 33RD ST. 1360 N.W. 33RD ST. POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064			T TRANSTRATIN MATTALIAN TANAN TANAN MATANI MATA
DO NOT WRITE IN THIS SPACE			07012005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 65-1117080 Not Applicable 5. Cartificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Current Registered Agent	· · · · · · · · · · · · · · · · · · ·	
ROBERTSON, JIM 1360 N.W. 33RD STREET POMPANO BEACH, FL 33064			DO NOT WRITE IN THIS SPACE
 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 Life if appt cable. (NOTE Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by September 7, 2005			
9. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBERS/MANAGERS MGRM RETTERATU, JASON 132 SE 18TH AVE DEERFIELD BEACH, FL 33441 MGRM ROBERTSON, JIM 2929 VIA NAPOU DEERFIELD BEACH, FL 33442		U00000371278 07/07/05-80010-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE
CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
11. I hereby certify that the information/supplied with this time 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 in execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV			7/1/05 954-973-3030 Date Daytime Prove #