2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000017298

1. Entity Name

SUKKAH ASSOCIATES, LLC



Principal Place of Business_ ___ Mailing Address

% MARSHALL R. PASTERNACK, P.A. 200 SOUTH BISCAYNE BOULEVARD, SUITE 2500 MIAMI, FL 33131 % Marshall R. Pasternack, P.A. 200 South Biscayne Boulevard, Suite 2500 Miami, Fl 33131 FILED Jan 06, 2005 08:00 AM Secretary of State



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0579857	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL R. PASTERNACK, P.A. 200 SOUTH BISCAYNE BOULEVARD, SUITE 2500 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

8. The above the obligat	anamed entity submits this statement for the purpose of chan tions of registered agent.	ging its registered office or registered agent,	or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typod or printed hame of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstati	ng) DATE
Fi	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASTERNACK, MARSHALL 2500 FIRST UNION FINANICIAL CENTER MIAMI, FL 33131	·	U00000172944 01/06/05-80022-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/00/03 00022 013 30,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

11. I nereby 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:

STREET ADDRESS CITY-ST-ZIP

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

1/4/05

305 350 -2354

Daytime Phone #