2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000018347

1. Entity Name
CONSOLIDATED RESOURCES OF SOUTH FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
5119 SUFFOLK DR BOCA RATON, FL 33496	5119 SUFFOLK DR BOCA RATON, FL 33496

02192005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0006760
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JOSHI, JAYANT
5119 SUFFOLK DR
BOCA RATON, FL 33496-1641

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JOSHI, JAYANT
STREET ADDRESS	5119 SUFFOLK DR
CITY-ST-ZIP	BOCA RATON, FL 334961641
TITLE	MGRM
NAME	D SHARMA MD PA PROFIT SHARING
STREET ADDRESS	927 SELMA RD
CITY-ST-ZIP	SMITHFIELD, NC 27577
TITLE	MGRM
NAME	DESAI, APURVA
STREET ADDRESS	5119 SUFFOLK DR
CITY-ST-ZIP	BOCA RATON, FL 334961641
TITLE	MGRM
NAME	SHARMA, DAVENDRA
STREET ADDRESS	5525 N MILITARY TR
CITY-ST-ZIP	BOCA RATON, FL 33446
TITLE	MGRM
NAME	PANDYA, ABHI
STREET ADDRESS	9260 GETTYSBURG RD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	DESAI, MEHUL
STREET ADDRESS	5119 SUFFOLK DR
CITY-ST-ZIP	BOCA RATON, FL 334961641

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02/21/05-80050-018 50.00

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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: _____ 2/17/05 954-820-4356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #