

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 24, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L01000018678**

1. Entity Name  
**POWERLINE 39, LLC**



Principal Place of Business  
**2608 SE 21 STREET  
FORT LAUDERDALE, FL 33316**

Mailing Address  
**2608 SE 21ST STREET  
FORT LAUDERDALE, FL 33316**



02192005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LOVELL, HAROLD  
2608 SE 21ST STREET  
FORT LAUDERDALE, FL 33316**

**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

*Signature, typed or printed name of registered agent and title if applicable.*

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
LOVELL, HAROLD  
2608 SE 21ST STREET  
FORT LAUDERDALE, FL 33316**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
LOVELL, CHERYL  
2608 SE 21 STREET  
FORT LAUDERDALE, FL 33316**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

1100000242087  
02/24/05-80070-009 55.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Signature and typed or printed name of signing managing member, or authorized representative*

**2/21/05 954-467-8900**

Date

Daytime Phone #