# 2005 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

DOCUMENT # L01000021088

1. Entity Name
EFFICIENT REALTY & DEVELOPMENT, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1690 SW 2ND AVE<br>BOCA RATON, FL 33432 | P O BOX 8511<br>DEERFIELD BEACH, FL 33443 |

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05052005 No Chg-LLC        CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 65-1158800 | Not Applicable |

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

6. Name and Address of Current Registered Agent

GANNON, ROBERT
1690 SW 2ND AVE.
BOCA RATON, FL 33432

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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
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 September 7, 2005**

9.                          MANAGING MEMBERS/MANAGERS

| TITLE | MGRM |
|---|---|
| NAME | GANNON, ROBERT |
| STREET ADDRESS | 1690 SW 2ND AVE |
| CITY-ST-ZIP | BOCA RATON, FL 33432 |

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05/09/05-80001-020  50.00

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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| CITY-ST-ZIP | |

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: _Robert Gannon_   Robert GANNON   4-20-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #