

# **2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L01000021287

**FILED**  
**Aug 24, 2005**  
**Secretary of State**

**Entity Name:** MALLORY II, LLC

**Current Principal Place of Business:**

277 S.E. 5TH STREET  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

277 S.E. 5TH AVENUE  
DELRAY BEACH, FL 33483 US

**Current Mailing Address:**

277 S.E. 5TH STREET  
DELRAY BEACH, FL 33483

**New Mailing Address:**

277 S.E. 5TH AVENUE  
DELRAY BEACH, FL 33483 US

**FEI Number:** 65-0504167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLICKSTEIN, CARY  
277 S.E. 5TH STREET  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

GREGG H. GLICKSTEIN, P.A.  
54 S.W. BOCA RATON BOULEVARD  
BOCA RATON, FL 33432 US

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.

SIGNATURE: GREGG H. GLICKSTEIN, PRESIDENT

08/24/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: GLICKSTEIN, CARY  
Address: 277 SE 5TH AVE  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: IRONWOOD DEVELOPMENT, , INC.  
Address: 277 SE 5TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33483 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CARY GLICKSTEIN

P

08/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date