

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022006

FILED
Apr 27, 2005
Secretary of State

Entity Name: FORM-A-CORP LLC

Current Principal Place of Business:

100 VILLAGE SQUARE CROSSING
SUITE 103
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

100 VILLAGE SQUARE CROSSING
SUITE 103
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 80-0004263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, CLAUDIA
100 VILLAGE SQUARE CROSSING
SUITE 103
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CDS HOLDINGS LLC,
Address: 10952 EGRET POINTE LANE
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: MGR () Delete
Name: LEVY, STEPHEN
Address: 100 VILLAGE SQUARE CROSSING # 103
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM () Delete
Name: HERITAGE GROUP LLC,
Address: 18420 SE HERITAGE DR.
City-St-Zip: TEQUESTA, FL 33469 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHEN LEVY

MGR

04/27/2005

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