

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

DOCUMENT # L02000002241

1. Entity Name
NEW DAWN NORTH, LLC



Principal Place of Business
**2601 S. BAYSHORE DRIVE
SUITE #200
COCONUT GROVE, FL 33133 US**

Mailing Address
**C/O NEW DAWN COMPANIES
2601 S. BAYSHORE DRIVE, SUITE 200
COCONUT GROVE, FL 33133 US**

DO NOT WRITE IN THIS SPACE

03302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0388213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HABER, ROBERT M ESQ.
FREEMAN, BUTTERMAN, HABER ET AL
520 BRICKELL KEY DR., STE. O-305
MIAMI, FL 33131**

**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

Jack Kaplan

(NOTE: Registered Agent signature required when reappointing)

3-24-05

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
KAPLAN, JACK O
2601 S. BAYSHORE DR., SUITE 200
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
AVILA, EDUARDO
2601 S. BAYSHORE DR., SUITE 200
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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**200050818052
04/15/05--01006--006 **50.00**

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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:

Jack Kaplan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-29-05

Date

Daytime Phone #

305-857-0400