2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# L02000004784

Entity Name: 4141 HOLDINGS, LLC

Current Principal Place of Business:

4141 SW 47TH AVENUE
DAVIE, FL 33314

New Principal Place of Business:

15751 SW 41ST STREET
SUITE 300
DAVIE, FL 33331

Current Mailing Address:

4141 SW 47TH AVENUE
DAVIE, FL 33314

New Mailing Address:

15751 SW 41ST STREET
SUITE 300
DAVIE, FL 33331

FEI Number: 01-0608335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWOC, JOHN H
4141 SW 47TH AVENUE
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

OWOC, JOHN H
15751 SW 41ST STREET
SUITE 300
DAVIE, FL 33331 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: JOHN H. OWOC 02/16/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: OWOC, DARLENE V
Address: 4141 SW 47TH AVENUE
City-St-Zip: DAVIE, FL 33314

Title: MGR (X) Delete
Name: OWOC, JOHN H
Address: 4141 SW 47TH AVENUE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: OWOC, JOHN H
Address: 15751 SW 41ST STREET, SUITE 300
City-St-Zip: DAVIE, FL 33331

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: JOHN H. OWOC MGRM 02/16/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date