## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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



FILED	
May 02, 2005	8:00 am
Secretary of	State

05-02-2005 90098 016 \*\*\*\*50.00

Daytime Phone #

1. Entity Name	MENT # L020000050 LDINGS, LLC	070				05-02-2005	90098 01	6 ****50	0.00	
3350 SW 148	ace of Business Mailing Address 48 AVE., SUITE 110 3350 SW 148 AVE., SUITE 11					<b>ራ</b> ሀሀ <mark>ጋ</mark> ሬሀ <mark>ፊ</mark> ጋ				
1560 So Suite, Apt. 4 <sup>12</sup> F	ace of Business awgrass Corp. PKwy #, etc.	MIRAMAR, FL 33027  3. Malling Address 1560 Sawgro Suite, Apt. #, etc.  H <sup>T</sup> Floor	a\$\$_	Corp Pl	04122005	Chg-LLC		33 (10/03)		
	e, FL	City & State Sunrise, FL			4. FEI Numi 02<08		<u></u>	No	plied For t Applicable	
Zip -33333		Zip -33323 ————	Coun -U-S			e of Status Desired	<u> 1</u>	\$5.00 Add Fee Require		
	6. Name and Address of Current F	legistered Agent	-	Name	7. Name an	d Address of New F	tegistered A	gent		
MALE, MIC 3250 MAR' MIAMI, FL	Y STREET, SUITE 303			Street Addre	ess (P.O. Box Num	ber is Not Acceptabl	9)			
				City		- · · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	9	
	named entity submits this statement for	the purpose of changing its	registere	Led office or reg	gistered agent, or b	oth, in the State of Fl		 amiliar with,	and accept	
SIGNATURE .	ions of registered agent.									
SIGNATORE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature re	equired when reinstating)	<u> </u>	DATE			
Fi Di	ling Fee is \$50.00 ue by May 1, 2005						e check pa a Departme		•	
9.	MANAGING MEMBER		10.		<del></del>	ADDITIONS	/CHANGES	= 4		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISELBERG, ALAN I 3350 SW 148 AVE., SUITE 110 MIRAMAR, FL 33027	☐ Delete		E ET ADDRESS   15	s60 Sawgr	ass Corpora L 33323	le Park	Uchange Sway,	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	milestoric, i 2 dec2	☐ Delete	TITLE NAM STRE		uncise, r	73383		Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i			•	☐ Change	Addition	
11. I hereby of indicated limited lia	pertify that the information supplied with on this report is fue and accurate and billity company on the receiver or trustee	this filing does not qualify for that my signature shall have empowered to execute this	the exe the same report as	mption stated I e legal effect a s required by C	Chapter 608, Florida	9(i), Florida Statutes. th; that I am a mana a Statutes.	I further cert ging membe	ify that the in	nformation or of the	