## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 04, 2005 08:00 AM Secretary of State

DOCUMENT	# 1	.02000005091
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1, Entity Name STANTON-PENDER OF CORAL RIDGE I, L.L.C.



Principal Place of Business

7416 S.W. 48TH STREET MIAMI, FL 33155 Mailing Address

7416 S.W. 48TH STREET MIAMI, FL 33155



## DO NOT WRITE IN THIS SPACE

01182005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3623511 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, SAUL 7416 S.W. 48TH STREET MIAMI, FL 33155

CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

		}			
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept		
SIGNATURE.			<u> </u>		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE. Registered Agent signature required when reinstaling)	DATE		
Fi D	lling Fee is \$50.00 ue by Mæy 1, 2005		e a la companya di santa di s		
9.	MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY S1 - 21P	MGRM LEVY, SAUL 7416 SW 48TH ST MIAMI, FL 33155		1/00000215133 02/04/05-80040-005 50.00		
TITLE NAME STREET ACCRESS GITY-ST-ZIP			32,77,733 333,73 333 33,73		
TITLE NAME STREET ADDRESS CITY ST-2IP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INT	IN THIS SPACE		
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 it 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:

Feb 1/05

205/C2 9660

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

Date

Daytime Phone #