

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90070 032 ****50.00

DOCUMENT # L02000007394

1. Entity Name
SOUTHSIDE INVESTMENTS BIRD ROAD, L.L.C.



Principal Place of Business
8831 SW 40TH STREET
MIAMI, FL 33165

Mailing Address
P O BOX 8937
MYRTLE BEACH, SC 29578

20014650



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

45-0478587

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, BRIAN
8831 SW 40TH STREET
MIAMI, FL 33165

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SAUSAGE MIKE
STREET ADDRESS 1167 BEECH COURT
CITY- ST- ZIP YARDLEY, PA 19067

TITLE ☐ Change ☐ Addition
NAME (SAUSAGE)
STREET ADDRESS
CITY- ST- ZIP

TITLE P ☐ Delete
NAME KORESKY, FRANK
STREET ADDRESS 8831 SW 40TH STREET
CITY- ST- ZIP MIAMI, FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

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

2-18-05

Date

843-450-7634

Daytime Phone #