## 2005 LIMITED LIABILITY COMPANY

## FILED 2005 08:00 AM te

ANNUAL REPORT				Apr 01, 2005 08:00	
1. Entity Nan	MENT # L0200000			56	ecretary of Stat
Principal Place of Business  1955 SW SEVENTH PLACE BOCA RATON, FL 33486  Mailing Address 1955 SW SEVENTH PLACE BOCA RATON, FL 33486  BOCA RATON, FL 33486		1955 SW SEVENTH PLACE		 	II BRAK BRIK HRAN IN DIK ARTIK ANDER ISA INDE
DO NOT WRITE IN THIS SPA			CE	03302005 No Chg-LLC	CR2E083 (10/03)  Applied For
			. <u>.</u>	04-3639884  5. Certificate of Status Desired	Not Applicable   \$5.00 Additional   Fee Required
	6. Name and Address of Curren	Registered Agent			
SPIEGEL & UTRERA, P.A. 1840 SW 22 STREET, 4TH FLOOR MIAMI, FL 33145			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement f	or the purpose of changing its register	red office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE.		and title if applicable. (NOTE, Register	ed Agent signature required	when r∋nstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2005	***************************************	<u> </u>		
9.	MANAGING MEMB	ERS/MANAGERS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR JURIST, HAROLD L 1955 SW SEVENTH PLACE BOCA RATON, FL 33486			U0000( 04/01/05	3283731 -800 <b>33</b> -021 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>, , </u>			
TITLE		<u>سوسول به ۳۶ مین مین به به ۳۶ مین بین به به ۳۶ مین بین به به ۳۶ مین بین به به ۳۶ مین به به به به به به به به ب</u>	1		

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I turther 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: Afan SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS