

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90055 032 ****50.00

DOCUMENT # L02000008258



1. Entity Name
205 REALTY CO., L.L.C.

Principal Place of Business
**6701 NORTH WOODRIDGE DRIVE
PARKLAND FL 33067**

Mailing Address
**P.O. BOX 8552
CORAL SPRINGS FL 33075**

2. Principal Place of Business
PO Box 8552

3. Mailing Address
Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL
Zip
33075 Country
USA

City & State
Zip Country

4. FEI Number
14-1866742

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIS, SETH E P.A.
2600 NORTH MILITARY TRAIL, SUITE 290
BOCA RATON FL 33431**

Name
PETER J SCHWEITZER + ASSOC
Street Address (P.O. Box Number is Not Acceptable)
4982 W ATLANTIC BLVD
City
MARLBATE FL Zip Code
33063

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 *Peter J Schweitzer* *1/9/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS (\$50.00)
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWEITZER, PETER J P.O. BOX 8552 CORAL SPRINGS FL 33075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Peter J Schweitzer* *1/9/03* *954-972-0322*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)