## 2005 LIMITED LIABILITY COMPANY

## Apr 28, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L02000010893 04-28-2005 90024 017 \*\*\*\*55.00 PRESERVE PARTNERS, LLC Principal Place of Business Mailing Address **PO14UUFT** 18755 BISCAYNE BLVD. 321 EAST HILLSBORO BLVD. AVENTURA, FL. 33180 DEERFIELD BEACH, FL 33441 US 2. Principal Place of Business 3. Mailing Address 2200 N.E. 143rd Street Suite, Apt. #, etc. Suite, Apt. #, etc. 02242005 Chg-LLC CR2E083 (10/03) Suite 100 City & State City & State Applied For 4. FEI Number North Miami, Florida 90-0134437 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired XXX 33181 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THEODORE R. STOTZER, ESQ. CORPDIRECT AGENTS Street Address (P.O. Box Number is Not Acceptable) 103 N. MERIDIAN ST., LOWER LEVEL c/o Swerdlow/Boca Developers Group, TALLAHASSEE, FL 32301 321 East Hillsboro Blvd. City Deerfield Beach. FL Zip Code 33441 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 4/15/05 SIGNATURE tered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM-TITLE XXXDelete TITLE MGRM ☐ Change XXXddition NAME SWERDLOW, MICHAEL NAME BONEFISH PARTNERS, LLC 3390 MARY STREET, SUITE 200-STREET ADDRESS STREET ADDRESS 3390 Mary Street, Suite 200 GOCONUT GROVE, FL 33133 Coconut Grove, Florida 33133 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

**FILED** 

11. Thereby 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.

BY: BONEFISH PARTNERS, LLC, its Managing Member

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

(954) 949-3480 April 15, 2005 G MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #