# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L02000011234**

**1. Entity Name**
500 LLC

`20039710`

| Principal Place of Business | Mailing Address |
|---|---|
| 3905 ALTON RD<br>MIAMI BEACH, FL 33140 | 3905 ALTON RD<br>MIAMI BEACH, FL 33140 |

| 2. Principal Place of Business | 3. Mailing Address | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip | Country |

01282005   Chg-LLC   CR2E083 (10/03)

| 4. FEI Number | |
|---|---|
| 03-0463984 | Applied For<br>Not Applicable |

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 |
|---|---|
| NEAL S. LITMAN, P.A.<br>GROVE PLAZA-SECOND FLOOR<br>2900 S.W. 28TH TERR.<br>COCONUT GROVE, FL 33133 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>JACOBSON, ALAN<br>3905 ALTON RD<br>MIAMI BEACH, FL 33140 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ 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: _____    4/18/05    305-632-89___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #