

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90153 010 \*\*\*\*50.00

**DOCUMENT # L02000015578**

1. Entity Name

ISOTOPE VENTURES, L.L.C.



Principal Place of Business

11900 BISCAYNE BOULEVARD STE. 802  
MIAMI FL 33181

Mailing Address

11900 BISCAYNE BOULEVARD STE. 802  
MIAMI FL 33181

20008690



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

9 Island Ave  
1605

3. Mailing Address

9 Island Ave  
1605

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI BEACH, FL

City & State  
MIAMI BEACH, FL

Zip  
33139

Country  
USA

Zip  
33139

Country  
USA

4. FEI Number

75-3084021

Applied For

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

ROSEN, ERROL  
11900 BISCAYNE BOULEVARD STE. 802  
MIAMI FL 33181

Name ROSEN, ERROL

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

9 ISLAND AVE

# 1605

City MIAMI BEACH

FL

Zip Code 33139

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)

2/4/05  
DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete  
NAME BROWN, PETER  
STREET ADDRESS 11900 BISCAYNE BOULEVARD STE. 802  
CITY-ST-ZIP MIAMI FL 33181

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MANAGER ☒ Change ☐ Addition  
NAME ROSEN, ERROL  
STREET ADDRESS 9 ISLAND AVE # 1605  
CITY-ST-ZIP MIAMI BEACH, FL 33139

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

ERROL ROSEN, MANAGER

2/4/05 305-531-2723

Date

Daytime Phone #