2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State	
1. Entity Nam	MENT # L0200001			Seci	etary of State
50 W MASHI SUITE #2	e of Business FA DRIVE NE, FL 33149 US	Mailing Address 50 W MASHTA DRIVE SUITE #2 KEY BISCAYNE, FL 33149	us	ן זוותם זוגים ווותם וואנים וואנים אות משוומים אות משוומים אות א	PRINT WERN HAN TRUM HERN WATER
DO NOT WRITE IN THIS SPA			CE	03212005 No Chg-LLC	CR2E083 (10/03)
	To compagned			30-0109793 5. Certificate of Status Desired	Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent			
WEISSON, ERNESTO H 50 W MASHTA DRIVE SUITE #2 KEY BISCAYNE, FL 33149			DO NOT WRITE IN THIS SPACE		
5. The above	named entity submits this statement	for the purpose of changing its registe	red office or register	ed agent, or both, in the State of Flori	ida. I am familiar with, and accept
the obligat	ilons of registered agent.			· · · · · · · · · · · · · · · · · · ·	
. SIGNATURE.	Signature, typed or printed name of registered age	ot and title if annitionals (NOTE Register	ed Agent signature required	Uden repetation)	DATE
, Fi	iling Fee is \$50.00 ue by May 1, 2005			When reinstating)	
9.	MANAGING MEM	BERS/MANAGERS	<u> </u>	<u> </u>	
TITLE	MGR		1		
NAME STREET ADDRESS	WEISSON HOLDING LLC 50 W MASHTA DRIVE SUITE :	ψĎ			
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	74		— 000000	358498
TITLE NAME STREET ADDRESS CITY-ST-ZIP				05/04/05-80118-005 50.0b	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO_NOT W	RITE
TITLE		<u> </u>		•	
NAME				IN THIS SP	AUE
STREET ADDRESS CITY - ST - ZIP]		
TITLE			1		
NAME STREET ADDRESS CITY-ST-ZIP				_	
TITLE			1		
NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filing possynot qualify to 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 the true 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 ampowered to execute this deport as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

-29.05

(205) 365-2676

Daytime Phone #