## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000018062

1. Entity Name

ACANTHUS DEVELOPERS LLC



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

Principal Place of Business :

Mailing Address

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

50 W. MASHTA DRIVE #2 KEY BISCAYNE, FL 33149 50 W. MASHTA DRIVE #2 KEY BISCAYNE, FL 33149



03212005 No Chg-LLC

4-22-05

CR2E083 (10/03)

| 4. FEI Number                    |                  | Applied For       |
|----------------------------------|------------------|-------------------|
| 30-0109783                       |                  | Not Applicable    |
| 5. Certificate of Status Desired | \$5.00<br>Fee Re | Additional guired |

6. Name and Address of Current Registered Agent

WEISSON, ERNESTO H 50 W. MASHTA DRIVE #2 KEY BISCAYNE, FL 33149

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| KEA BISC                              | AYNE, FL 33149  | IN THIS SPACE  | IN THIS SPACE |  |
|---------------------------------------|---|--|---------------|--|
|                                       | named entity submits this statement for the purpose of changing its ions of registered agent.   | i<br>registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept   | pt            |  |
| SIGNATURE                             | Signature, typed or printed name of registered agent and title if applicable. (NOTI   | E. Registered Agent signature required when reinstating) DATE  |               |  |
| Fi<br>D                               | lling Fee is \$50.00<br>ue by May 1, 2005   |  |               |  |
| 9.                                    | MANAGING MEMBERS/MANAGERS   |  | _             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>WEISSON HOLDING, LLC<br>50 W. MASHTA DRIVE #2<br>KEY BISCAYNE, FL 33149  |  |               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | <br>U00000358501<br>05/04/05-80118-006 50.00   |               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | DO NOT WRITE   |               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | IN THIS SPACE  |               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | . 1/1   |  |               |  |
| 11. I hereby indicated limited lia    | certify that the information supplied with this filing tipes not qualify to<br>f on this report is true and accurate and that my statute shall have<br>ability company or the receiver or trustee ampowered to execute this | the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information ine same legal effect as if made under oath; that I am a managing member or manager of the leport as required by Chapter 608, Florida Statutes. | 1             |  |