


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000Q19258
1. Entity Name
1164 ASSOCIATES, LLC



Principal Place of Business 1164 EAST OAKLAND PARK BLVD SUITE 100 OAKLAND PARK, FL 33334	Mailing Address 1164 EAST OAKLAND PARK BLVD SUITE 100 OAKLAND PARK, FL 33334
---	---

DO NOT WRITE IN THIS SPACE



01152005No Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0563553	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEBENEDICTIS, ROBERT N
1164 EAST OAKLAND PARK BLVD
SUITE 100
OAKLAND PARK, FL 33334

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEBENEDICTIS, ROBERT N 39 GRAMERCY PARK NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000227531
-02/12/05-80059-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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  DATE 2-12-05

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