## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 07, 2005 08:00 AM DOCUMENT # L02000019374 **Secretary of State** 1. Entity Name MENDELSOHN INVESTMENTS, LLC Mailing Address Principal Place of Business 4444 PLAYER STREET HOLLYWOOD FL 33021 4444 PLAYER STREET HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 36-4502887 Not Applicable Zip Country Zìp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENDELSOHN, JAY Street Address (P.O. Box Number is Not Acceptable) 4444 PLAYER STREET HOLLYWOOD FL 33021 City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition TITLE MGR THE ☐ Change ☐ Delete NAME MENDELSOHN, JAY NAME U00000253793 STREET ADDRESS 4444 PLAYER ST STREET ADDRESS 03/07/05-80048-013 50.00 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Delete ☐ Change ☐ Addition MENDELSOHN, MICHELLE NAME NAME STREET ADDRESS 4444 PLAYER ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE THILE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-2IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF

FILED

SIGNATURE: Jay Mendelsoka 3/3/05 (954) 483 - 6095

SIGNATURE: Dole Destrict NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dole Double Destrict Phone of

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.