## **2005 LIMITED LIABILITY COMPANY**

## **FILED** Mar 25, 2005 08:00 AM

	ANNU	JAL REPORT			23, 2003 08:00
DOCUMENT # L02000021191				Se	cretary of State
1. Entity Name  BECKER & POLIAKOFF CONSULTING, LLC					
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Principal Ptac	ce of Business	Mailing Address		•	
3111 STIRLI		3111 STIRLING ROAD	10010		
ri. LAUDEKI	DALE, FL 33312	FT. LAUDERDALE, FL 3	33312	: 16411611 211 8919 11611 48111 3671 Bir	NA SANTA ESANT MART MANUE PARA MARTE ESANT
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ı.	O NOT WRI	ITE IN THIS S	DACE -		Applied For
				4. FEI Number 13-4243336	Not Applicable
			The state of the s	5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address of C	urrent Registered Agent			The second secon
	FF, GARY		-	DO NOT W	RITE
	RLING ROAD ERDALE, FL 33312			A DE LEGIS CONTRACTOR OF THE PROPERTY OF THE P	500 to 100 to
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8. The above the obliga	<ul> <li>named entity submits this stater tions of registered agent.</li> </ul>	ment for the purpose of changing its	registered office or registered	agent, or both, in the State of FI	orida. I am familiar with, and accept
SIGNATURE.					<u></u>
	Signature, typed or printed name of register	red agent and tifle if applicable (NOTE	E. Registered Agent signature required wh	on reinstaling)	DATE
F D	iling Fee is \$50,00 ue by May 1, 2005				
9.	MANAGING N	MEMBERS/MANAGERS		Mark Commence	
TITLE NAME	MGRM POLIAKOFF, GARY A				
STREET ADDRESS	3111 STIRLING RD		វិរត្	Administration of the second o	
CITY-ST-ZIP	FORT LAUDERDALE, FL	33312		sa tambinon	
TITLE NAME	BECKER, ALAN S			113/25/05	U£15552 -80004-019 50.00
STREET ADDRESS CITY-ST-ZIP	3111 STIRLING RD FORT LAUDERDALE, FL	33312			
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TITLE					[일 기계
4141-0				The second secon	
NAME STREET ADDRESS					

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

2-14-05 GARY A. POLIAKOFF SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Davime Phone #