
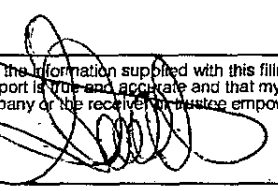


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000022005 1. Entity Name POSNER CO., LLC		
Principal Place of Business 10800 BISCAYNE BLVD., SUITE 350 MIAMI, FL 33161	Mailing Address 10800 BISCAYNE BLVD., SUITE 350 MIAMI, FL 33161	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent POSNER, STUART 10800 BISCAYNE BLVD., SUITE 350 MIAMI, FL 33161		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSNER, STEVEN TRUSTEE 10800 BISCAYNE BOULEVARD, SUITE 350 MIAMI, FL 33161	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSNER, STUART TRUSTEE 10800 BISCAYNE BOULEVARD, SUITE 350 MIAMI, FL 33161	
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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: 3/15/05 Daytime Phone #: (305) 893-1110



03102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1180443	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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03/21/05-80071-005 50.00