

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90285 042 ****50.00



DOCUMENT # L02000025863
 1. Entity Name
 7900 U.S. HIGHWAY ONE, LLC

Principal Place of Business Mailing Address
 4094 N.W. 57TH STREET 4094 N.W. 57TH STREET
 BOCA RATON FL 33496-2732 BOCA RATON FL 33496-2732

20008208



1st MOORE CR2E083 (10/04)

2. Principal Place of Business 3. Mailing Address
 800 GLOUCESTER STR Suite, Apt. #, etc. SAME

City & State City & State
 BOCA RATON, FL.

Zip Country Zip Country
 33487 U.S.A.

4. FEI Number 01-0749554 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILLITS, RYAN ESQ
 1001 W. CYPRESS CREEK ROAD
 FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
 Name RAYMOND BALASSIANO...
 Street Address (P.O. Box Number is Not Acceptable) 800 GLOUCESTER STREET
 City BOCA RATON FL Zip Code 33487

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]* RAYMOND BALASSIANO 1-28-05
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALASSIANO, RAYMOND 4094 N.W. 57TH STREET BOCA RATON FL 33496-2732	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. RAYMOND BALASSIANO 800 GLOUCESTER STR. BOCA RATON, FL. 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* RAYMOND BALASSIANO 1-28-05 561 997-5830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #