

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

02-07-2005 90278 006 ****50.00

DOCUMENT # L02000027421

1. Entity Name
TRUE 680, LLC



Principal Place of Business
**C/O ARNSTEIN & LEHR
515 N FLAGLER DR 6TH FLR
WEST PALM BEACH, FL 33401**

Mailing Address
**C/O ARNSTEIN & LEHR
515 N FLAGLER DR 6TH FLR
WEST PALM BEACH, FL 33401**

20007830



2. Principal Place of Business
C/O JAMES ORTHWEIN

3. Mailing Address
C/O JAMES ORTHWEIN

Suite, Apt. #, etc.
50 LOCK ROAD

Suite, Apt. #, etc.
50 LOCK ROAD

02022005 Chg-LLC CR2E083 (10/03)

City & State
DEERFIELD BEACH, FL

City & State
DEERFIELD BEACH, FL

4. FEI Number
56-2343209

Applied For
☐ Not Applicable

Zip
33442

Country

Zip
33442

Country

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

6. Name and Address of Current Registered Agent

**AUSTIN, SCOTT R
515 N FLAGLER DR 6TH FLR
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ORTHWEIN, JAMES
50 LOCK RD
DEERFIELD BEACH, FL 33442** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/4/05

Date

Daytime Phone #