IMIȚED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000030011

DEAN/CARSON LIVINGSTON, LLC

Mailing Address

9100 S. DADELAND BLVD., #901 MIAMI, FL 33156-7815

Principal Place of Business

9100 S. DADELAND BLVD., #901 MIAMI, FL 33156-7815

FILED Jan 18, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01042005 No Chg-LLC CR2E083 (10/03)

 \Box

4. FEI Number 38-3666539

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TESCHER GUTTER CHAVES JOSEPHER RUBIN RUFFI N & FORMAN, P.A. 2101 CORPORATE BLVD SUITE 107

DO NOT WRITE

	TON, FL 33431	IN.	THIS SPACE
 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 bite if applicable. (NOTE, Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, HARRY 9100 S. DADELAND BLVD, SUITE 901 MIAMI, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1188888184955 01728705-80028-002 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO	NOT WRITE
YITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST-71P			

11. I hereby certify that the information supplied with this filling 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:X

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE