


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90105 035 \*\*\*\*50.00

<b>DOCUMENT # L02000030491</b>	
1. Entity Name TICO REAL ESTATE SERVICES, LLC	

Principal Place of Business 500 NE 2ND ST. DANIA BEACH, FL 33004	Mailing Address 500 NE 2ND ST. DANIA BEACH, FL 33004
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20052366

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04292005 Chg-LLC CR2E083 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 22-3889064	Applied For Not Applicable
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6. Name and Address of Current Registered Agent
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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KELLEY, PATRICK G 500 NE 2ND ST 850 E. COMMERCIAL BLVD DANIA, FL 33004 OAKLAND PARK, FL. 33334	
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7. Name and Address of New Registered Agent
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INMAN, MARC T 500 NE 2ND ST. 850 E. COMMERCIAL BLVD DANIA BEACH, FL 33004 OAKLAND PK, FL. 33334 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: <u>MARC INMAN</u>	Date: <u>4/29/05</u>	Daytime Phone #: <u>561-433-4553</u>
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