


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90106 046 ****50.00

DOCUMENT # L02000030937 1. Entity Name JOSHUA TREE ESTATES LLC	
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Principal Place of Business 555 N.E. 15TH STREET, SUITE 7719 MIAMI, FL 33132	Mailing Address 555 N.E. 15TH STREET, SUITE 7719 MIAMI, FL 33132 %L. Alexander CPA 1036 2 Stowe Rd #2 Rockskill NY 105
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20067155



DO NOT WRITE IN THIS SPACE

07082005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
86-1091477

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIBBS, SALAAM
555 N.E. 15TH STREET, SUITE 7719
MIAMI, FL 33132

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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 _____

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 September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GIBBS, VAN
STREET ADDRESS	555 N.E. 15TH STREET, SUITE 7719
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	MGRM
NAME	GIBBS, SALAAM
STREET ADDRESS	555 N.E. 15TH STREET, SUITE 7719
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #