


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000031568 1. Entity Name STREAT & ASSOCIATES, LLC	
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Principal Place of Business 250 N.W. 5TH AVENUE BOCA RATON, FL 33432	Mailing Address 250 N.W. 5TH AVENUE BOCA RATON, FL 33432
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01102005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0754974	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**STREAT, PHILIP P
250 N.W. 5TH AVENUE
BOCA RATON, FL 33432**

**DO NOT WRITE
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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STREAT, PHILIP P 250 NE 5TH AVENUE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STREAT, PHILIP P 250 NE 5TH AVENUE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STREAT, LORRAINE 250 NE 5TH AVENUE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STREAT, LORRAINE 250 NE 5TH AVENUE BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/12/05-80023-004 50.00

**DO NOT WRITE
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: Philip Streat PHILIP STREAT 1/10/05 561 251 8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #