


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90022 001 \*\*\*\*50.00

**DOCUMENT # L02000033694**

1. Entity Name  
 701 MINOR ROAD LLC



Principal Place of Business  
 215 S.E. ATLANTIC DRIVE  
 HYPOLUXO ISLAND  
 LANTANA, FL 33462

Mailing Address  
 215 S.E. ATLANTIC DRIVE  
 HYPOLUXO ISLAND  
 LANTANA, FL 33462

**20038000**



2. Principal Place of Business  
 314 N. Atlantic Drive

3. Mailing Address  
 314 N. Atlantic Drive

Suite, Apt. #, etc.

04062005 Chg-LLC CR2E083 (10/03)

City & State  
 Lantana, FL

City & State  
 Lantana, FL

4. FEI Number  
 65-1165116

Applied For  
 Not Applicable

Zip 33462 Country USA

Zip 33462 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, PETER D  
 215 SE ATLANTIC DRIVE  
 LANTANA, FL 33462

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 314 N. Atlantic Drive  
 City Lantana FL Zip 33462

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: *Peter D. Reed* Peter D. Reed DATE: 4/16/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 REED, PETER D [REDACTED] 314 N. Atlantic Dr LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMCKE, DAVID [REDACTED] 205 SE Atlantic Dr. LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Peter D. Reed* DATE: 4/16/05

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