

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90046 042 ****50.00

20050959



04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number
05-0549459

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST 2ND STREET, STE. 2900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Daniel Sirlin
Street Address (P.O. Box Number is Not Acceptable):
155 S. Miami Ave, PH2A
City: Miami FL Zip Code: 33130

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: SIRLIN, DANIEL ☐ Delete
STREET ADDRESS: 155 S MIAMI AVE PH-2A
CITY-ST-ZIP: MIAMI, FL 33130

TITLE: MGRM
NAME: KRISKY, JEFF ☐ Delete
STREET ADDRESS: 155 S MIAMI AVE PH 2A
CITY-ST-ZIP: MIAMI, FL 33130

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
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TITLE: ☐ Delete
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CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jeff Krinsky

4/26/05

Date

305-374-5455

Daytime Phone #