## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 07, 2005 08:00 AM Secretary of State

973-992-3555

Daytime Phone #

| ANNUAL REPORT  |  |   |                             | rep 07, 2005 08:00 A                   |  |
|--|--|---|-----------------------------|--|--|
| DOCUI  | MENT # L03000000   | 919                                     |                             | Secretary of State                     |  |
| GONZALI  | EZ & WEICHERT, L.L.C.  |   |                             |  |  |
| 777 41ST 4T<br>ATTN: PHIL G  | Principal Place of Business  777 41ST 4TH FLOOR ATTN: PHIL GROSS MIAMI BEACH, FL 33140  Mailing Address  777 41ST 4TH FLOOR ATTN: PHIL GROSS MIAMI BEACH, FL 33140 |   | -                           |  |  |
| DO NOT WRITE IN THIS SPA   |  |   | CE                          | 01202005 No Chg-LLC                    |  |
| 6. Name and Address of Current Registered Agent  |  |   |                             |  |  |
| EBOLI, THOMAS M 5975 CATTLEMEN LANE SARASOTA, FL 34232   |  |   |                             | 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 Loth, 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 Register | od Agent signature required | J when reinsteing) DATE                |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005  |  |   |                             | ###################################### |  |
| 9.   | MANAGING MEMBE   | RS/MANAGERS                             | -                           |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM<br>GROSS, PHIL MGRM<br>777 41ST, 4TH FLOOR<br>MIAMI BEACH, FL 33140   | . <u>—</u>                              |                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   | DO NOT WRITE                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   | IN THIS SPACE               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |                             |  |  |
| TITLE NAME STREET ADDRESS  |  |   |                             |  |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 of the true empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED ON PRINTED NAME F SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE