

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90175 030 \*\*\*\*50.00

**DOCUMENT # L03000002653**

1. Entity Name  
**ASSOCIATES PLUS, LLC**



Principal Place of Business

**6901 SW 18TH STREET, STE 101  
BOCA RATON, FL 33433 US**

Mailing Address

**6901 SW 18TH STREET, STE 101  
BOCA RATON, FL 33433 US**

**20010321**



02032005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, FRED C  
712 U.S. HIGHWAY ONE, STE 400  
NORTH PALM BEACH, FL 33408**

**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 INNELLA, ALAN 6901 SW 18TH STREET, STE 101 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INNELLA, LINDA 6901 SW 18TH STREET, STE 101 BOCA RATON, FL 33433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

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

**ALAN R. INNELLA**

Date

Daytime Phone #

**2/10/05**

**561-394-7800**