



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000004635 1. Entity Name 505 ORTON, LLC					
Principal Place of Business % 1164 ASSOC., LLC/ATTN: PAUL JOHNSON 1164 EAST OAKLAND PARK BLVD., SUITE 300 OAKLAND PARK, FL 33334			Mailing Address % 1164 ASSOC., LLC/ATTN: PAUL JOHNSON 1164 EAST OAKLAND PARK BLVD., SUITE 300 OAKLAND PARK, FL 33334		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01152005 Chg-LLC CR2E083 (10/03)	
Zip Country		Zip Country		4. FEI Number 81-0596417	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEBENEDICTIS, ROBERT N % 1164 ASSOCIATES, LLC 64 EAST OAKLAND PARK BLVD., SUITE 300 OAKLAND PARK, FL 33334				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEBENEDICTIS, ROBERT 227 E. 56 STREET, SUITE 400 NEW YORK, NY 10022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLUCCIO, PAUL D 533 ORION AVE FORT LAUDERDALE, FL 33307	<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				
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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Paul Galluccio</u> 1-20-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					