

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90121 014 \*\*\*\*50.00

**DOCUMENT # L03000008882**

1. Entity Name  
**FLORIDA RESOURCES & DEVELOPMENT, L.L.C.**



Principal Place of Business  
**1428 BRICKELL AVENUE, PH  
MIAMI, FL 33131**

Mailing Address  
**1428 BRICKELL AVENUE, PH  
MIAMI, FL 33131**

**14019487**



08102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-3676470**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MANASTER, JOSHUA D ESQ  
1428 BRICKELL AVENUE, PH  
MIAMI, FL 33131**

**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 September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
REZATSCHAFFEN, MANFRED  
5055 COLLINS AVE.  
MIAMI BEACH, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
DEUTSCH, JEROME  
105 OLD CONNER CORP  
BEDFORD, NY 10506**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

Date **9/12/05**

Daytime Phone # \_\_\_\_\_