## 2005 LIMITED LIABILITY COMPANY

## FILED Apr 25, 2005 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # L03000009701 1. Entity Name S. BINDEROFF FAMILY HOLDINGS, LLC Principal Place of Business Mailing Address 11361 OHANU CIRCLE 11361 OHANU CIRCLE BOYNTON BEACH, FL 33437 **BOYNTON BEACH, FL 33437** 04012005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-3706408 Not Applicable \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent BINDEROFF, SOLOMON DO NOT WRITE 11361 OHANU CIRCLE BOYNTON BEACH, FL 33437 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Unnanaaa<sup>nas</sup>aa 04/25/05-60139-005-50.00 Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE BINDEROFF, SOLOMON 11361 OHANU CIRCLE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIF TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-718

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

Davtime Phone #