

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000011857**

1. Entity Name  
**LIMCOCH 19770 WEST DIXIE, LLC**



Principal Place of Business  
**19495 BISCAYNE BOULEVARD STE 410  
AVENTURA, FL 33180**

Mailing Address  
**19495 BISCAYNE BOULEVARD STE 410  
AVENTURA, FL 33180**



04292005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2670531**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**BARNEY, JANICE  
14001 NW 4 ST  
SUNRISE, FL 33325**

**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**

**U000000355732  
05/04/05-800006-024 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P**  
NAME **ISRAEL, KEN**  
STREET ADDRESS **19495 BISCAYNE BLVD, STE 410**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **VP**  
NAME **LIPTON, ALAN**  
STREET ADDRESS **19495 BISCAYNE BLVD, STE 410**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 LIPTON**

Date

Daytime Phone #

**4/29/05 734-875-4233**