

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000016558

1. Entity Name
825 SOUTHERN BLVD., LLC



Principal Place of Business
3030 S. DIXIE HWY., STE. 5
WEST PALM BEACH, FL 33405-1539

Mailing Address
3030 S. DIXIE HWY., STE. 5
WEST PALM BEACH, FL 33405-1539

DO NOT WRITE IN THIS SPACE

01202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
23-8720803

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNED, WILLIAM H JR.
3030 S. DIXIE HWY., STE. 5
WEST PALM BEACH, FL 33405-1539

**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	MGR
NAME	SNED, WILLIAM H JR
STREET ADDRESS	3030 S. DIXIE HWY., STE. 5
CITY-ST-ZIP	WEST PALM BEACH, FL 334051539
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/05-80080-014 50.00

**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:

William H. Sned, Jr.

William H. Sned, Jr.

2/10/05

**561/
655-8631**

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

Date

Daytime Phone #