


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90027 024 \*\*\*\*50.00

**DOCUMENT # L03000019000**

1. Entity Name  
**BLEECKER-GROVE ASSOCIATES FL, LLC**



Principal Place of Business  
**C/O ROBERT MARC SCHWARTZ P.A.  
 102 NORTH SWINTON AVE.  
 DELRAY BEACH, FL 33444**

Mailing Address  
**C/O ROBERT MARC SCHWARTZ P.A.  
 102 NORTH SWINTON AVE.  
 DELRAY BEACH, FL 33444**

**20038227**

2. Principal Place of Business  
 4700 NW Boca Raton Blvd.  
 Suite 104  
 Boca Raton, FL 33431-4860

3. Mailing Address  
 4700 NW Boca Raton Blvd.  
 Suite 104  
 Boca Raton, FL 33431-4860



04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0727355**

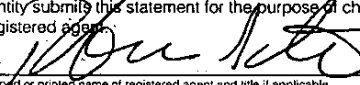
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCHWARTZ, ROBERT M ESQ.  
 ROBERT MARC SCHWARTZ, P.A  
 102 NORTH SWINTON AVE  
 DELRAY BEACH, FL 33444**

7. Name and Address of New Registered Agent  
 Name **ROBERT MARC SCHWARTZ, P.A.**  
 Street Address **4700 NW BOCA RATON BLVD.  
 SUITE 104**  
 City **BOCA RATON, FL 33431-4860**

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  DATE **4/13/05**

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**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLNAGHI, DANIEL 3134 SAN MICHELE DRIVE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLNAGHI, WARREN 12 JOHNS STREET KINGSTON, NY 12401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Colnaghi, Warren <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 113 Witte Road Hewitt, New Jersey 07421
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  DATE **4/13/05** Daytime Phone # **(561) 694-6164**

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