

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021399

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: DADELAND INVESTMENTS, LLC

**Current Principal Place of Business:**

3283 NE 171ST STREET  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

3283 NE 171ST STREET  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number: 20-1353601      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MILICH, LEE ESQ.  
100 WEST CYPRESS CREEK ROAD  
SUITE 935  
FT. LAUDERDALE, FL 33309 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PORDES, MARK  
Address: 3283 NE 171ST STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGRM ( ) Delete  
Name: POLLACK, MICHAEL  
Address: 19197 SKYRIDGE CIR.  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK PORDES

MR

06/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date