2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000021889

1. Entity Name LINDA'S PLACE, LLC



Principal Place of Business

1716 HARRISON ST HOLLYWOOD, FL 33020 Mailing Address

1000 E. ISLAND BLVD. #602 AVENTURA, FL 33160

FILED Jul 07, 2005 8:00 am Secretary of State

07-07-2005 90098 029 ****50.00

20061672



DO NOT WRITE IN THIS SPACE

07012005 No Chg-LLC CR2E083 (10/03)

Applied For 4. FEI Number 04-3763026 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ZOUR, ISRAEL 12700 BISCAYNE BLVD #202 MIAMI, FL 33181

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)

Filing Fee is \$50.00 Due by September 7, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZOUR, LINDA B 1000 E ISLAND BLVD #602 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZOUR, ISRAEL 1000 E ISLAND BLVD #602 AVENTURA, FL 33160
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. Thereby certify that the information supplied with this filing does not qualify for the ex-	

DO NOT WRITE IN THIS SPACE

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

07/01/05