

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 14, 2004  
Secretary of State**

DOCUMENT# L03000022200

Entity Name: 505 ASSOCIATES, LLC

**Current Principal Place of Business:**

828 N.E. 17TH WAY, SUITE 3  
FT. LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

828 N.E. 17TH WAY, SUITE 3  
FT. LAUDERDALE, FL 33304

**New Mailing Address:**

PO BOX 4567  
FT. LAUDERDALE, FL 33338

FEI Number: 20-0054499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADDISON, PETER J  
828 N.E. 17TH WAY, SUITE 3  
FT. LAUDERDALE, FL 33304

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

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/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: ADDISON, PETER J  
Address: 828 NE 17TH WAY-UNIT #3  
City-St-Zip: FORT LAUDERDALE, FL 33304

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: PETER ADDISON

MGRM

04/14/2004

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