


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000022486</b><br>1. Entity Name<br><b>MARKETPLACE, L.L.C.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>P.O. BOX 85<br/>WEST PALM BEACH, FL 33402</b> | Mailing Address<br><b>P.O. BOX 85<br/>WEST PALM BEACH, FL 33402</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04132005No Chg-LLC

CR2E083 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-0057040</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>JOHNSON, SCOTT A<br/>505 S. FLAGLER DR., STE. 1010<br/>WEST PALM BEACH, FL 33401</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.


**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000340146  
04/28/05-80107-003 50.00

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>JOHNSON, RICHARD S JR.<br>P.O. BOX 85<br>WEST PALM BEACH, FL 33402 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>JOHNSON, SCOTT A<br>P.O. BOX 85<br>WEST PALM BEACH, FL 33402       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>KOENIG, PATRICK C<br>P.O. BOX 85<br>WEST PALM BEACH, FL 33402      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **Scott A. Johnson** **4/27/05** **561-655-7200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #