

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 20, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000023579**

1. Entity Name  
**REGENCY I LLC**



Principal Place of Business  
**2700 N MILITARY TRAIL  
SUITE 100  
BOCA RATON, FL 33431**

Mailing Address  
**2700 N MILITARY TRAIL  
SUITE 100  
BOCA RATON, FL 33431**



01112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**91-2196616**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**POLETTO, JOHN  
3013 YAMATO ROAD  
BOCA RATON, FL 33434**

**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)

DATE \_\_\_\_\_

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

000000186045

01/21/05-80042-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
NESTLER, MARK  
3013 YAMATO ROAD  
BOCA RATON, FL 33434**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
POLETTO, JOHN  
3013 YAMATO ROAD  
BOCA RATON, FL 33434**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PAEZ, EDUARDO  
2700 N MILITARY TRAIL  
BOCA RATON, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KANE, HERBERT  
2700 N MILITARY TRAIL #100  
BOCA RATON, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 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

Date

Daytime Phone #

1/17/05 (54) 241-8036