

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 20 AM 11:41

DOCUMENT # L03000024863

1. Entity Name
441 LLC



Principal Place of Business
3511 NE 22 AVENUE
FORT LAUDERDALE, FL 33308

Mailing Address
3511 NE 22 AVENUE
FORT LAUDERDALE, FL 33308

off



01062005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0083287	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALBANESE, ARVID L
3511 NE 22 AVENUE, SUITE 350
FORT LAUDERDALE, FL 33308

**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 _____ DATE _____
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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBANESE, ARVID L 3511 NE 22 AVENUE FORT LAUDERDALE, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

02/10/04--90107--037--\$50.00

**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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE