

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026663

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: 3931 LLC.

**Current Principal Place of Business:**

4611 S. UNIVERSITY DR.  
#202  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

4611 S. UNIVERSITY DR.  
#202  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 56-2381266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LEVINE SEGAUL & BARRIOS, P.A.  
4300 N. UNIVERSITY DR.  
SUITE A-106  
FT. LAUDERDALE, FL 33351 US

**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: MGR ( ) Delete  
Name: MAILLOUX, NORMAN W  
Address: 4611 S. UNIVERSITY DR. #202  
City-St-Zip: DAVIE, FL 33328

Title: MGRM ( ) Delete  
Name: MAILLOUX, MARY R  
Address: 4611 S. UNIVERSITY DR. #202  
City-St-Zip: DAVIE, FL 33328

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NORMAN MAILLOUX

MGR

01/04/2005

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