

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028406

FILED
Apr 04, 2005
Secretary of State

Entity Name: ORDINARY LANGUAGE LLC

Current Principal Place of Business:

1800 NORTH ANDREWS AVENUE
9E
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1800 NORTH ANDREWS AVENUE
9E
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 51-0480716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMANN, GERALD S
1800 N. ANDREWS AVE. 9E
FT. LAUDERDALE, FL 33311 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: MGRM () Delete
Name: BAUMANN, GERALD S
Address: 1800 NORTH ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: MGRM () Delete
Name: MACIVOR, KEVIN R
Address: 2845 RIVERLAND RD
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: MGRM () Delete
Name: DILEONARDO, MARK
Address: 4552 BOUGAINVILLA DR
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

ADDITIONS/CHANGES:

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

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: GERALD S. BAUMANN

MGR

04/04/2005

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