

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000030689 1. Entity Name CALIFORNIA, LLC	
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Principal Place of Business C/O WILLIAM S. WEISMAN, ESQ. 2101 CORPORATE BLVD. NW, STE. 300 BOCA RATON, FL 33431	Mailing Address C/O WILLIAM S. WEISMAN, ESQ. 2101 CORPORATE BLVD. NW, STE. 300 BOCA RATON, FL 33431
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01112005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1633528	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WEISMAN, WILLIAM S ESQ MANDEL, WEISMAN, HEIMBERG, BRODIE, ET AL 2101 CORPORATE BLVD. NW, STE. 300 BOCA RATON, FL 33431
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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.

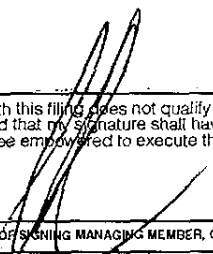
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISMAN, WILLIAM S 2101 CORPORATE BLVD. NW, STE. 300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEKMAN, LAURE N 2101 CORP BLVD. #300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONDEL, DANIEL S 2101 CORP BLVD. #300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAUDEL, AMY 2101 CORP BLVD. #300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEIMBERG, PAUL 2101 CORP BLVD. #300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HELMBERG, DENISE 2101 CORP BLVD. #300 BOCA RATON, FL 33431

02/10/05-80080-025 50.00 DO NOT WRITE IN THIS SPACE
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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:  **WILLIAM S. WEISMAN** 1/21/05 861-969-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #