


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000035952 1. Entity Name 4700 NW 2ND AVENUE, LLC |  |
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|--|--|
| Principal Place of Business 5000 T-REX AVE., STE. 150 BOCA RATON, FL 33431 | Mailing Address 5000 T-REX AVE., STE. 150 BOCA RATON, FL 33431 |
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DO NOT WRITE IN THIS SPACE



02032005No Chg-LLC

CR2E083 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 13-4270037 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SIEGEL, NED L 5000 T-REX AVE., STE. 150 BOCA RATON, FL 33431 |
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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 fee if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

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

L000000284552
04/02/05-80009-019 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SIEGEL, NED L 5000 T-REX AVE STE. 150 BOCA RATON, FL 33431 |
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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:  **3-29-05** **561-998-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #