## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 06, 2005 08:00 AM Secretary of State

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DOCUMENT # L03000036873							Secretary of State			
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Suite Ant	# etc		Suite, Apt. #, etc.			+				
Suite, Apt. #, etc.			Suite, April 91 ato.		01042005	Chg-LLC	CR2E083 (10/03)	t		
City & State			City & State		4. FEI Numbe	<del>, ` </del>		pplied For		
						20-0287		<del>}</del> }	ot Applicable	
Zip		Country	Zip	Country				¢E OO .		
-				1		5. Gertificate o	of Status Desired	Fee Require		
6. Name and Address of Curren			nt Registered Agent	, ,		7. Name and	Address of New R	legistered Agent		
					Name					
GLEIZER,			Charact Addition		D.C. Bouthings	in hint december		<u> </u>		
18208 COLLINS AVE, SUNNY ISLES BEACH, FL 33160				Street Add		s (P.O. Box Number is Not Acceptable)				
SOMMA 12	FE2 BEW	Ch, FL 33160								
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				ŧ.	City			FL Zip Cod	de	
8. The above	named entit	v submits this statement	for the purpose of changing its	register	ed office ar register	red agent, or both	, in the State of Flo	orida. I am familiar with	and accept	
	tions of regis									
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SIGNATURE	Signature, typed	or printed name of registered age	ent and title if applicable. (NOTE	Registere	d Agent signature required	when reinstating)		DATE		
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F	iling Fee	is \$50.00	}			]	Mak	e check payable to	į	
D	ue by Ma	y 1, 2005				}		Department of Stat	te	
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9.	<del>,</del>	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
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11. I hereby o	ertify that the	information supplied w	ith this filing does not qualify for	the exe	mption stated in Se	ction 119.07(3)(I)	Fiorida Statutes. I	further certify that the i	nformation	
Indicated	on this repor	t is true and accurate ar	nd that my signature shall have t tee empowered to execute this r	he same	e legal effect as if m s required by Chept	nade under oath; er 608, Florida St	that I am a manag atutes.	ing member or manage	er of the	
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SIGNAT				·	·	<u> </u>	<u> 4-0</u>		l	
		NO TYPED ON OPINIED NAME	of signing managing member, man	AGER, OF	AUTHORIZED REPRESE	NYATIVE	Date	Deytime Phone #		
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