

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90275 011 ****50.00

DOCUMENT # L03000038504

1. Entity Name
FORTECK, LLC



Principal Place of Business
**21301 POWERLINE ROAD, SUITE 312
BOCA RATON, FL 33433**

Mailing Address
**PO BOX 11229
KNOXVILLE, TN 37939**



02252005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0746477

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHAPIRO, MICHAEL B
SHAPIRO, BLASI & WASSERMAN, P.A.
7777 GLADES ROAD, SUITE 110
BOCA RATON, FL 33434**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, STEVEN 21301 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAYDEN, BERNARD 550 MAMARONECK LANE, SUITE 404 HARRISON, NY 10528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Steven Levin, Managing Member

3/21/05

Date

Daytime Phone #