2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 07, 2005 08:00 AM Secretary of State DOCUMENT # L03000040918 1. Entity Name 2760 N. ATLANTIC BLVD. ASSOCIATES, LLC Principal Place of Business Mailing Address 215 N. BIRCH RD. #4-A 215 N. BIRCH RD. #4-A FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 01262005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0345217 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MURRAY, DAVID G ESQ 1401 E. BROWARD BLVD., #200 FORT LAUDERDALE, FL 33301 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 little if applicable (NOTE: Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MATZEL, BRUCE NAME 215 N. BIRCH RD. #4-A STREET ADDRESS U00000219461 FORT LAUDERDALE, FL 33304 CITY-ST-ZIP 02/08/05-80029-004 50.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1 5-00 14-20000 TITLE

11. I hereby certify that the information supplied with this filling 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 emogwered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CITY-ST-zip

SIGNATURE AND TYPED OR PRINTED NAME

FILED