
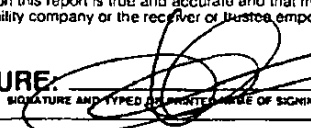


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jun 08, 2005 8:00 am  
Secretary of State

04-26-2005 90014 006 \*\*\*\*50.00

<b>DOCUMENT # L03000041059</b>					
1. Entity Name 1114 S.E. 4TH, LLC					
Principal Place of Business C/O GUSPAV REALTY, INC. 1646 S.E. 3RD CT. DEERFIELD BEACH, FL 33441			Mailing Address C/O GUSPAV REALTY, INC. 1646 S.E. 3RD CT. DEERFIELD BEACH, FL 33441		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZIMMERMAN, STEPHEN L ESQ 737 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33060			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANGIARANO, FRANCESCO 1646 S.E. 3RD CT. DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAVONE, JULIO 1646 SE 3RD COURT DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		GIULIO PAVONE AS		04/18/05 954-421-0520	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		RECEIVED		Date Daytime Phone #	

**ATTACHMENT** 30008982  
#L03000041059

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) <b>▶ See separate instructions for each line. ▶ Keep a copy for your records.</b>	<b>EIN</b>  20-2947611  OMB No. 1545-0003
<b>1* Legal name of entity (or individual) for whom the EIN is being requested</b> 1114 SE 4th LLC		
<b>2 Trade name of business (if different from name on line 1)</b>		<b>3 Executor, trustee, "care of" name</b>
<b>4a* Mailing address (room, apt., suite no. and street, or P.O. box)</b> 1646 SE 3rd Court		<b>5a Street address (if different) (Do not enter a P.O. box)</b>
<b>4b* City, state, and ZIP code</b> Deerfield Beach FL 33441 -		<b>5b City, state, and ZIP code</b>
<b>6* County and state where principal business is located</b> County Broward State FL		
<b>7a* Name of principal officer, general partner, grantor, owner, or trustor</b> Julio Pavone		<b>7b* SSN, ITIN, EIN</b> 573-88-3168
<b>8a* Type of entity (check only one)</b> <input type="checkbox"/> Sole Proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶		
<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises		
<b>8b If a corporation, name the state or foreign country (if applicable) where incorporated</b>		<b>State</b>
<b>9* Reason for applying (check only one)</b> <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ <u>checking account</u> <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶
<b>10* Date business started or acquired (month, day, year)</b> OCT 16 2003		<b>11* Closing month of accounting year</b> DEC
<b>12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....</b> ▶		
<b>13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-" .....</b> ▶		Agriculture    Household    Other
<b>14* Check box that best describes the principal activity of your business</b> <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Other (specify)		
<b>15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.</b> Real Estate Income Property		
<b>16a* Has the applicant ever applied for an employer identification number for this or any other business? .....</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Note If "Yes" please complete lines 16b and 16c</b>		
<b>16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.</b> Legal name ▶ Trade name ▶		
<b>16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.</b> Approximate date when filed (month, day, year)    City and state where filed    Previous EIN		
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form		
Third Party Designee	Designee's name	
	Address and ZIP code	
		Designee's telephone number (include area code) ( ) - Designee's fax number (include area code) ( ) -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)		Applicant's telephone number (include area code)

ATTACHMENT 30008982

# L03 000041059

Signature ▶ Not Required

Date ▶ June 06, 2005 GMT

( 954 ) 421 - 0520  
Applicant's fax number (include area code)  
( 954 ) 421 - 0980

ATTACHMENT 30008982  
# L03000041059**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

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**Federal Tax ID / EIN**

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This is your provisional Employer Identification Number:

**20-2947611**

Today's Date is: June 06, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

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