


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90031 040 *****50.00

DOCUMENT # L03000041718 1. Entity Name EAST-YARD PARTNERS, LLC	
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Principal Place of Business 2001 S.W. 20TH ST. FORT LAUDERDALE, FL 33315	Mailing Address 2001 S.W. 20TH ST. FORT LAUDERDALE, FL 33315
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01252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3138507	Applied For Not Applicable
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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 MURRAY, DAVID G 1401 EAST BROWARD BLVD, STE 200 FORT LAUDERDALE, FL 33301
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**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 PASSEN, DR. SELVIN 2001 S.W. 20TH ST. FORT LAUDERDALE, FL 33315
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**DO NOT WRITE
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:

Dr. Selvin Pessen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/05

Date

954 713-0341

Daytime Phone #