

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90046 036 ****55.00

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DOCUMENT # L03000042349 1. Entity Name 3521 NW 8TH AVENUE, LLC					
Principal Place of Business 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444-2634			Mailing Address 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444-2634		
2. Principal Place of Business 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860		3. Mailing Address 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860		04112005 Chg-LLC CR2E083 (10/03)	
Zip Country		Zip Country		4. FEI Number 56-2417022	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOSKIN, SIDNEY M 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444-2634			7. Name and Address of New Registered Agent Name Sidney M. Moskin Street Address 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860 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 _____ (NOTE: Registered Agent signature required when reinstating) 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	MGRM MOSKIN, SIDNEY M 23408 MIRABELLA CIRCLE SOUTH BOCA RATON, FL 33433 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sidney M. Moskin 17735 Fieldbrook Circle North Boca Raton, Florida 33496-1534	
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	
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: 4/15/05 561-715-9280 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # Sidney M. Moskin, Managing Member					