

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L03000042349**

1. Entity Name  
 3521 NW 8TH AVENUE, LLC



**20040315**



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

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
MOSKIN, SIDNEY M 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444-2634		Name <b>Sidney M. Moskin</b>	
		Street Address 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860	
		City <b>FL</b> Zip Code	

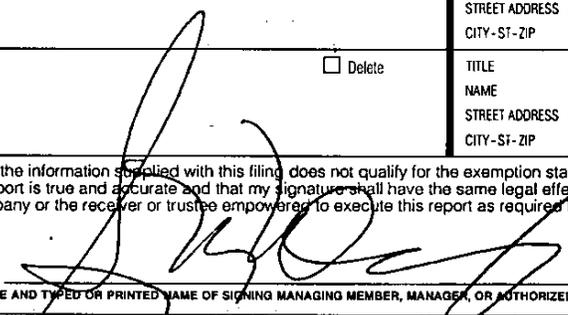
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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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

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:**  **4/22/05** **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**