

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90426 001 \*\*\*\*50.00

**DOCUMENT # L03000045438**

1. Entity Name  
**LMW SHOP ASSOCIATES, LLC**



Principal Place of Business  
**1560 SOUTHWEST 14TH DRIVE  
BOCA RATON, FL 33486-6505**

Mailing Address  
**1560 SOUTHWEST 14TH DRIVE  
BOCA RATON, FL 33486-6505**

2. Principal Place of Business  
**2424 N. Federal Hwy  
Suite 455  
Boca Raton FL**

3. Mailing Address  
**2424 N. Federal Hwy  
Suite 455  
Boca Raton FL**



01172005 Chg-LLC CR2E083 (10/03)

City & State  
**Boca Raton FL**  
Zip **33431** Country **USA**

City & State  
**Boca Raton FL**  
Zip **33431** Country **USA**

4. FEI Number  
**20-0413571**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROSENBERG, ANN M  
1560 SW 14TH DR.  
BOCA RATON, FL 33486**

**7. Name and Address of New Registered Agent**

Name **Rosenberg, Ann M**  
Street Address (P.O. Box Number is Not Acceptable)  
**2424 N. Federal Hwy  
Suite 455  
Boca Raton FL 33431**

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

*Ann M Rosenberg*

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

**3/31/05**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ANNROSE ENTERPRISES, LLC  
1560 SW 14TH DR.  
BOCA RATON, FL 33486** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Ann Rose Enterprises LLC  
2424 N. Federal Hwy Ste 455  
Boca Raton FL 33431** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

*Ann M Rosenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/31/05**

Date

**501-416-9096**

Daytime Phone #