


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90016 011 ****50.00

DOCUMENT # L03000049059	
1. Entity Name 20TH STREET PARKING SYSTEMS, LLC	

Principal Place of Business 805 EAST HILLSBORO BOULEVARD SUITE 206 DEERFIELD BEACH, FL 33441	Mailing Address 805 EAST HILLSBORO BOULEVARD SUITE 206 DEERFIELD BEACH, FL 33441
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01032005 Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0532058	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HENNIGAR, CURTIS A
805 E. HILLSBORO BLVD.
SUITE 206
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name TODD C. DROSKY
Street Address (P.O. Box Number is Not Acceptable)
805 EAST HILLSBORO BLVD.
Suite 206
City Deerfield Beach FL Zip Code 33441

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 TODD C. DROSKY DATE 4-14-05
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENNIGAR, CURTIS 805 EAST HILLSBORO BOULEVARD, SUITE 206 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
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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: [Signature] DATE 4-15-05 DAYTIME PHONE # 954-426-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE