

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000049198 1. Entity Name CONELDI, LLC.	
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Principal Place of Business 1013 NW 37TH AVENUE DELRAY BEACH, FL 33445	Mailing Address 1013 NW 37TH AVENUE DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE



01262005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0435300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BONILLA, CONNIE
1013 NW 37TH AVENUE
DELRAY BEACH, FL 33445

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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)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONILLA, CONNIE 1013 NW 37TH AVENUE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM BONILLA, CONNIE 1013 NW 37TH AVENUE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(f), 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: <u>Connie Bonilla</u>	Date: <u>1/29/05</u>	Daytime Phone #: <u>561-637-3098</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #