

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90027 043 ****55.00

DOCUMENT # L03000052609

1. Entity Name
20871 JOHNSON STREET SUITE 106, LLC



Principal Place of Business
20871 JOHNSON STREET, SUITE 106
PEMBROKE PINES, FL 33029

Mailing Address
20871 JOHNSON STREET, SUITE 106
PEMBROKE PINES, FL 33029



DO NOT WRITE IN THIS SPACE

01052005 No Chg: LLC CR2E083 (10/03)

4. FEI Number
86-1092542

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGER, JESSE T
2699 S. BAYSHORE DRIVE
MIAMI, FL 33133

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	ALIBRANDI, ENZO
STREET ADDRESS	20871 JOHNSON ST., STE 106
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	PP
NAME	ALIBRANDI, PAULA
STREET ADDRESS	20871 JOHNSON ST., STE 106
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:

Enzo Alibrandi

1/5/5 954 426 9101

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

Date

Daytime Phone #