

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000053113**

1. Entity Name  
RMN CONDO OFFICE, LLC



Principal Place of Business  
3325 SOUTH UNIVERSITY DRIVE  
210  
DAVIE, FL 33328

Mailing Address  
3325 SOUTH UNIVERSITY DRIVE  
210  
DAVIE, FL 33328



04252005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0481801

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

ROSS, BARRY  
3325 SOUTH UNIVERSITY DRIVE  
210  
DAVIE, FL 33328

**DO NOT WRITE  
IN THIS SPACE**

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 MGR  
NAME ROSS, BARRY  
STREET ADDRESS 3325 S. UNIVERSITY DRIVE SUITE 210  
CITY-ST-ZIP FORT LAUDERDALE, FL 33328

TITLE MGR  
NAME MZTZ, WILLIAM  
STREET ADDRESS 3325 S. UNIVERSITY DRIVE SUITE 210  
CITY-ST-ZIP FORT LAUDERDALE, FL 33328

TITLE MGR  
NAME NEWMAN, FREDERIC D  
STREET ADDRESS 3325 S. UNIVERSITY DRIVE SUITE 210  
CITY-ST-ZIP FORT LAUDERDALE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000343973  
04/29/05-80118-009 50.00

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #