

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED  
AND  
FILED

05 MAY 11 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282005 Chg-LLC CR2E083 (10/03) *MRS*

DOCUMENT # L03000054030

1. Entity Name  
AVENUE A HOLDINGS, LLC



Principal Place of Business  
11091 US HIGHWAY ONE  
NORTH PALM BEACH, FL 33408

Mailing Address  
11091 US HIGHWAY ONE  
NORTH PALM BEACH, FL 33408

2. Principal Place of Business  
333 East 24<sup>th</sup> St  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 1043  
Suite, Apt. #, etc.

City & State  
Riviera Beach FL

City & State  
Palm Beach FL

Zip 33404 Country

Zip 33480 Country

4. FEI Number  
20-0836274

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEDY, PAUL ROGERS ESQ  
11091 US HIGHWAY ONE  
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
250 NE 12<sup>th</sup> Street

City Delray Beach FL Zip Code 33444

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 *Paul Kennedy* DATE 4/29/05

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, PAUL R 11091 US HIGHWAY ONE NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 1043 Palm Beach FL 33480 <input checked="" 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	1105 MB12 Bernard G Sykes 333 East 24 <sup>th</sup> St Riviera Beach FL 33404 <input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800055212188 05/25/05--01003--017 **1200.00 <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
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

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: *Paul Kennedy* DATE 4/29/05 5614454235

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