


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90154 036 ****50.00

DOCUMENT # L03000054746	
1. Entity Name 823 N.E. 71ST STREET, LLC	

Principal Place of Business P.O. BOX 812007 BOCA RATON FL 33481	Mailing Address P.O. BOX 812007 BOCA RATON FL 33481
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2. Principal Place of Business 1235 Spanish River Rd.	3. Mailing Address P.O. Box 1907
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33432	Zip 33429
Country US	Country US

20006304



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent HENNIGAR, WILLIAM 1235 SPANISH RIVER ROAD BOCA RATON FL 33432	
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4. FEI Number 76-0748192	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 Christine Biorci	DATE 1/27/05

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005</p>	
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIORDI, CHRISTINE P.O. BOX 812007 BOCA RATON FL 33481
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIORDI, MARION P.O. BOX 812007 BOCA RATON FL 33481
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 1907 Boca Raton, FL 33429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 1907 Boca Raton, FL 33429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: Christine Biorci	DATE: 1/27/05	DAYTIME PHONE: 561-750-9214
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