


FILED
Sep 24, 2004 8:00 am
Secretary of State

07-23-2004 90068 017 ****50.00

**2004 LIMITED LIABILITY COMPANY,
 ANNUAL REPORT**

712

34010533

DOCUMENT # L03000055474 1. Entity Name 5425 NORTH FEDERAL, LLC					
Principal Place of Business 2255 S. FEDERAL HIGHWAY DELRAY BEACH, FL 33483		Mailing Address 2255 S. FEDERAL HIGHWAY DELRAY BEACH, FL 33483			
2. Principal Place of Business <i>3696 N. Federal Hwy</i>		3. Mailing Address <i>3696 N. Federal Hwy</i>			
Suite, Apt. #, etc. <i>200</i>		Suite, Apt. #, etc. <i>200</i>			
City & State <i>Fort Lauderdale, FL</i>		City & State <i>Fort Lauderdale, FL</i>		4. FEI Numbr <i>20-1534763</i>	
Zip <i>33308</i>		Country <i>Broward</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KEHRES, GRANT-W 2000 GLADES ROAD, SUITE 302 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name <i>Morgan Real Estate</i> Street Address (P.O. Box Number is Not Acceptable) <i>3696 N. Federal Highway</i> <i>Suite 200</i> City <i>Fort Lauderdale</i> FL Zip Code <i>33308</i>	
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 <i>Sandra Simpson</i> DATE <i>8/13/2004</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mr. Ira Lang, Managing Member</i> <i>2054 N. Bay Rd</i> <i>Miami, FL 33140</i>		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	
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	
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: <i>Sandra Simpson</i>		Date: <i>8/13/04</i>		Daytime Phone #: <i>954-563-8600</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



Attachment

34010533

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 31, 2004

5425 NORTH FEDERAL, LLC
3696 N FEDERAL HWY
200
FORT LAUDERDALE, FL 33308

Subject: 5425 NORTH FEDERAL, LLC

Reference Number: L03000055474

9/21/04
See Attachment
ThS, Sandra
Simpson

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCAION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/st

ANNUAL REPORTS SECTION