

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90161 021 \*\*\*\*50.00

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<b>DOCUMENT # L03000055797</b> 1. Entity Name <b>POPPY SHORES LLC</b>					
Principal Place of Business <b>C/O SULLIVAN, SORGI &amp; DIMMOCK, LLP</b> <b>50 STANIFORD ST, STE 804</b> <b>BOSTON, MA 02114-2517</b>			Mailing Address <b>C/O SULLIVAN, SORGI &amp; DIMMOCK, LLP</b> <b>50 STANIFORD ST, STE 804</b> <b>BOSTON, MA 02114-2517</b>		
2. Principal Place of Business <b>23200 Camino Del Mar</b>		3. Mailing Address <b>23200 Camino Del Mar</b>			
Suite, Apt. #, etc. <b>Unit 704</b>		Suite, Apt. #, etc. <b>Unit 704</b>			
City & State <b>Boca Raton, FL 33433</b>		City & State <b>Boca Raton, FL 33433</b>			
Zip <b>33433</b>	Country <b>Palm Beach</b>	Zip <b>33433</b>	Country <b>Palm Beach</b>	4. FEI Number <b>APPLIED FOR</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent  <b>NISENBAUM, NORMAN I</b> <b>23200 CAMINO DEL MAR, UNIT 704</b> <b>BOCA RATON, FL 33433</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SORGI, DAVID</b> <b>50 STANIFORD ST, STE 804</b> <b>BOSTON, MA 021142517</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Norman I. Nisenbaum</b> <b>23200 Camino Del Mar, Unit 704</b> <b>Boca Raton, FL 33433</b>	
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	
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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.					
<b>SIGNATURE: <i>Norman I. Nisenbaum</i> NORMAN I NISENBAUM</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>03-28-05</b>	Daytime Phone # <b>561-391-9896</b>	

CELL-781-820-3599