

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90347 030 \*\*\*\*50.00

**DOCUMENT # L04000005995**

1. Entity Name

AMERICANA 2000 KITCHEN GALLERY LLC



Principal Place of Business

3804 BURNS ROAD Suite A  
PALM BEACH GARDENS FL 33418  
33-110

Mailing Address

3804 BURNS ROAD Suite A  
PALM BEACH GARDENS FL 33418  
33410



2. Principal Place of Business

Suite, Apt. #, etc.

Suite A

City & State

Zip  
33410

Country

3. Mailing Address

Suite, Apt. #, etc.

Suite A

City & State

Zip  
33410

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

27-0076982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOGANI, RONALD J  
2290 TENTH AVENUE NORTH  
SUITE 302  
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name

Michael G. Mauch

Street Address (P.O. Box Number is Not Acceptable)

3804 Burns Road

Suite A

City

Palm Beach Gardens FL

Zip Code

33410

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

*M. G. Mauch*

Signature, typed or printed name of registered agent and title if applicable

m. G. mauch, manager

(NOTE: Registered Agent signature required when reinstating)

3/09/05

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MAUCH, MIKE  
STREET ADDRESS 3804 BURNS ROAD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS Suite A  
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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:

*M. G. Mauch*

m. G. mauch, manager 03/09/05

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

Date

Daytime Phone #

(561) 630-1990