2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000006669 1. Entity Name

STREET ADDRESS

CITY-ST-ZIP



FILED

Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90029 015 ****50.00

	-1, LLC										
Principal Place of Business Mailing Address 15040 LE REINA RD 15040 LE REINA RD C/O DENISE J.K. SIMON C/O DENISE J.K. SIMON DELRAY BEACH, FL 33446-2725 DELRAY BEACH, FL 334					725		#GUU##################################		IIII 11111 11111 11111 11	F	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03282005	Chg-LLC	CR2E	083 (10/03)			
City & State			City & State			4. FEI Numbe	r			pplied For ot Applicable	
Zip		Country	Zíp	Cour	ntry		of Status Desired		\$5.00 Add		
	6. Name	and Address of Curre	nt Registered Agent		ļ	7. Name and	Address of New R	egistered	Agent		
CIMON D	ENIOE LI	,			Name						
SIMON, DENISE J.K. 15040 LE REINA RD DELRAY BEACH, FL 33446-2725					Street Address (P.O. Box Number is Not Acceptable)						
	,				City			EI	Zip Cod	le	
					<u> </u>						
	named entity tions of regist		t for the purpose of changing its	s register	ed office or register	red agent, or both	n, in the State of Flo	rida. I am	familiar with,	, and accept	
SIGNATURE Signature, typed or printed name of registered agent and lite if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$50.00 Due by May 1, 2005						I					
Fi Di	iling Fee i ue by May	s \$50.00 y 1, 2005							payable to nent of Stat	e	
Fi Di	lling Fee i ue by May	y 1, 2005	BERS/MANAGERS	10.				Departm	ent of Stat	e	
D:	MGRM SIMON, D 15040 LE	MANAGING MEM PENISE J.K. REINA RD	☐ Delete	TITLI NAM STRE	4		Florida 	Departm	ent of Stat	Addition	
9. TITLE NAME STREET ADDRESS	MGRM SIMON, D 15040 LE	MANAGING MEMI PENISE J.K.	☐ Delete	TITLI NAM STRE CITY TITLI NAM STRE	E ET ADORESS -SI-ZIP		Florida 	Departm	ent of Stat		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM SIMON, D 15040 LE	MANAGING MEM PENISE J.K. REINA RD	□ Delete	TITLL NAMM STRE CITY TITLL NAMM STRE CITY TITLL NAMM STRE	E E E E E E E E E E E E E E E E E E E		Florida 	Departm	Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MGRM SIMON, D 15040 LE	MANAGING MEM PENISE J.K. REINA RD	□ Delete 725 □ Delete	TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE PARM STREE CITY TITLE NAME STREE	EET ADDRESS -SI-ZIP E E E E E E E E E E E E E E E E E E E		Florida 	Departm	Change	Addition	
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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 fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Dichie JC Simon	Denise J.K. Simon, MANAYA	4/25/05	954/746-520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MAI		Date	Davismo Phone #