2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 26, 2005 8:00 am
Secretary of State
04-20-2005 90042 014 ***150.00

DOCUMENT # L04000007288

1. Entity Name
SECOND OF JUNE LLC

Principal Place of Business	Mailing Address
5750 COLLINS AVENUE 6A MIAMI BEACH FL 33140	5750 COLLINS AVENUE 6A MIAMI BEACH FL 33140

1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
		William Cesare	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1655 Hendry Isles Blvd	
City & State		City & State Clewiston Fl	
Zip	Country	Zip 33440	Country Hendry

4. FEI Number 37-1510026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SACHER, ZELMAN, ET.AL. 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 William Cesare (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) [signature] 4-11-05 DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☑ Delete	TITLE		☑ Change ☐ Addition
NAME	CESARE, WILLIAM		NAME	William Cesare	
STREET ADDRESS	5750 COLLINS AVE, APT. 6A		STREET ADDRESS	1655 Hendry Isles Blvd	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	Clewiston Fl 33440	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: [signature] 4-11-05 954-445-3554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #