

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90150 023 \*\*\*\*50.00

|  |         |  |         |
|--|---------|--|---------|
| <b>DOCUMENT # L04000013536</b>   |         |  |         |
| 1. Entity Name<br><b>PRESENTATION PARTNERS, LLC</b>                                      |         |  |         |
| Principal Place of Business<br><b>6870 WEST WEDGEWOOD AVE.<br/>DAVIE FL 33331<br/>US</b> |         | Mailing Address<br><b>6870 WEST WEDGEWOOD AVE.<br/>DAVIE FL 33331<br/>US</b> |         |
| 2. Principal Place of Business   |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |



**20006128**



1st MOORE CR2E083 (10/04)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>FRIEDMAN, LAWRENCE T<br/>6870 WEST WEDGEWOOD AVE.<br/>DAVIE FL 33331</b> |  |  |  | 7. Name and Address of New Registered Agent        |  |
|  |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FRIEDMAN, LAWRENCE T<br>6870 WEST WEDGEWOOD AVE.<br>DAVIE FL 33331 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>RODRIGUEZ, ALFREDO<br>6870 WEST WEDGEWOOD AVE.<br>DAVIE FL 33331   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:** **Alfredo Rodriguez** 01/26/05-305-775-7584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #