

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014308

Entity Name: S L T M PROPERTIES L L C

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

5849 NW 34TH WAY
BOCA RATON, FL 33496 US

New Principal Place of Business:

5829 NW 34TH WAY
BOCA RATON, FL 33496 US

Current Mailing Address:

5849 NW 34TH WAY
BOCA RATON, FL 33496 US

New Mailing Address:

5829 NW 34TH WAY
BOCA RATON, FL 33496 US

FEI Number: 20-0759326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROSJEAN, MARIE
5849 NW 34TH WAY
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

GROSJEAN, MARIE
5829 NW 34TH WAY
BOCA RATON, FL 33496 US

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.

SIGNATURE:

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GROSJEAN, MARIE
Address: 5849 NW 34TH WAY
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGR () Delete
Name: GROSJEAN, SEBASTIEN
Address: 5849 NW 34TH WAY
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GROSJEAN, MARIE
Address: 5829 NW 34TH WAY
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGR (X) Change () Addition
Name: GROSJEAN, SEBASTIEN
Address: 5829 NW 34TH WAY
City-St-Zip: BOCA RATON, FL 33496 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARIE GROSJEAN

MGR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date