## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 19, 2005 8:00 am Secretary of State DOCUMENT # DOUGOOD TIEBERG 04-19-2005 90025 050 \*\*\*\*50.00 1. COMBO CO C 00 000 00 0000000000 TOZER REALTY LLC 20038101 8192 SPYGLASS DRIVE 8192 SPYGLASS DRIVE WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412 2. Principal Place of Business 3. Mailing Address 8216 CYPRESS POINT RD. 8216 CYPRESS POINT RD Suite, Apt. #, etc. Suite Apt # etc. 00000000 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For <u>42-</u>161899 WEST PALM BEACH Not Applicable <sup>Zip</sup>3341<u>a</u> \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent o do o ZINER, SAUL L 8192 SPYGLASS DRIVE පඟපයක්වේ එක්ස්වේ කතා මෙම පත්කයක් පත්කයක් පත්කයක් පත්කයක් ස WEST PALM BEACH, FL 33412 Bala CYPRESS POINT WEST PALM BEACH 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 Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE and title if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State وم موجود محمد محمد محمد محمد 9. 10. TITLE MGR ☐ Delete TITLE ☐ Addition ZINER, SAUL L NAME NAME 8216 CYPRESS POINT ROAD 8192 SPYGLASS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33412 City-St-7IF TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete -☐ Change \_\_ ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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

FILED