

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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2005 NOV -2 AM 10:20  
2005 90049 028 \*\*\*\*\*50.00  
L04000023741  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000023741</b> 1. Entity Name 3010 NE 13TH AVE LLC					
Principal Place of Business 2405 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301			Mailing Address 2405 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07272005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  HAINES, DEBORAH D 2405 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301				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 <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 7/27/05	
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAINES, STEVEN M 2405 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAINES, DEBORAH D 2405 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
				DATE 7/27/05	