

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026851

FILED
Feb 26, 2005
Secretary of State

Entity Name: ANTHEM ASSOCIATES, LLC

Current Principal Place of Business:

4137 BURNS ROAD
SUITE A-7
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4137 BURNS ROAD
SUITE A-7
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 43-2048834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTLIEB, STEVEN M
4137 BURNS ROAD
SUITE A-7
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

RAMANI, TUSHAR M CFO
4137 BURNS ROAD
SUITE A-7
PALM BEACH GARDENS, FL 33410 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: TUSHAR RAMANI

02/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GOTTLIEB, STEVEN M
Address: 4137 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: RAMANI, TUSHAR
Address: 4137 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN M. GOTTLIEB

MGR

02/26/2005

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