2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State
02-15-2005 90049 024 ****50.00

DOCUMENT # L04000028578

1. Entity Name
PASINETTI PROPERTIES I, L.C.

Principal Place of Business
202 S.W. 2ND STREET
SUITE A
FT. LAUDERDALE FL 33301

Mailing Address
P.O. BOX 667110
POMPANO BEACH FL 33066

1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
435 N Andrews Av #402			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 435 N Andrews Avenue #402	
Fort Lauderdale FL			
City & State		City & State Fort Lauderdale FL	
Zip 33301	Country USA	Zip 33301	Country USA

4. FEI Number — Applied For / ☒ Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PASINETTI, HEIDI
202 S.W. 2ND STREET
SUITE A
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name PASINETTI, HEIDI
Street Address (P.O. Box Number is Not Acceptable)
435 N. ANDREWS AVENUE #402
City Fort Lauderdale FL Zip Code 33301

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 [signature] Heidi Pasinetti 2/8/05
Signature, typed or printed name of registered agent and title if applicable (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR PASINETTI, HEIDI 425 N. ANDEREWS AVE. #404 FT. LAUDERDALE FL 33301	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASINETTI, HEIDI 435 N. ANDREWS AVE #402 FT LAUDERDALE FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 2/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #