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Apr 22, 2005 8:00 am
Secretary of State
04-08-2005 90280 005 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000029855

1. Entity Name
REVAH MANAGEMENT, LLC

30004363

Principal Place of Business	Mailing Address
526-528 NW 77TH STREET BOCA RATON, FL 33487 US	526-528 NW 77TH STREET BOCA RATON, FL 33487 US

02022005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1377 CLINT MOORE ROAD		2295 N.W. CORPORATE BLVD	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 138	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33487	Country US	Zip 33431	Country US

4. FEI Number 11-3721743 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMON, MICHAEL W 120 EAST PALMETTO PARK RD 100 BOCA RATON, FL 33432	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REVAH, DANIEL 526-528 NW 77TH STREET BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #