

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032420

Entity Name: 169 DELRAY, LLC

FILED
Jan 24, 2005
Secretary of State

Current Principal Place of Business:

113 NE 7TH STREET
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

2152 W ATLANTIC AVE
DELRAY BEACH, FL 33445 US

Current Mailing Address:

113 NE 7TH STREET
DELRAY BEACH, FL 33444 US

New Mailing Address:

2152 W ATLANTIC AVE
DELRAY BEACH, FL 33445 US

FEI Number: 20-1313318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBURG, DANIEL
113 NE 7TH STREET
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

BAILYN, JAY
2152 W ATLANTIC AVE
DELRAY BEACH, FL 33445 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: JAY BAILYN

01/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GOLDBURG, DANIEL
Address: 113 NE 7TH STREET
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: MGRM () Delete
Name: BAILYN, JAY
Address: 846 JEFFERY STREET
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BAILYN, JAY
Address: 846 JEFFERY STREET
City-St-Zip: BOCA RATON, FL 33432 US

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: JAY BAILYN

MGMR

01/24/2005

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