

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90026 015 ****55.00

14002886



03152005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1145735** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KAY, JAMES R ESQ
KAY LAW OFFICES
700 VILLAGE SQUARE CROSSING, STE. 102B
PALM BEACH GARDENS, FL 33410

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 _____ (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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	REIBLING, LORENZ	
STREET ADDRESS	118 MILK STREET	
CITY-ST-ZIP	BOSTON, MA 02109	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	REIBLING, GUENTHER	
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, STE. 206	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MERRIGAN, PETER	
STREET ADDRESS	118 MILK STREET	
CITY-ST-ZIP	BOSTON, MA 02109	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	TULLY, SCOTT	
STREET ADDRESS	118 MILK STREET	
CITY-ST-ZIP	BOSTON, MA 02109	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KASSOF, LINDA	
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, STE. 206	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HERMAN, WILLIAM	
STREET ADDRESS	1350 E. NEWPORT CENTER DRIVE, STE. 206	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Linda Kassof

04/22/2005

954-428-4585

Date Daytime Phone #