

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

2005 SEP 16 PM 2: 23
14019559
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|--|
| DOCUMENT # L04000035A07 1. Entity Name REMOBUB PARTNERSHIP LLC | |
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|--|--|
| Principal Place of Business 262 MIRAMAR AVE LAUDERDALE-BY-THE-SEA FL 33308 | Mailing Address 262 MIRAMAR AVE LAUDERDALE-BY-THE-SEA FL 33308 |
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|--|--|
| 2. Principal Place of Business P.O. Box 261 Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 261 Suite, Apt. #, etc. |
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|--|--|
| PHYSICAL 401-3A1ST. City & State Key Colony Beach FL | PHYSICAL 401-3A1ST. City & State Key Colony Beach FL |
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|-------------------------|------------------------------|-------------------------|------------------------------|
| Zip 33051 | Country MONROE | Zip 33051 | Country MONROE |
|-------------------------|------------------------------|-------------------------|------------------------------|

2nd MOORE CR2E083 (5/05)

| | |
|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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| |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
|--|

6. Name and Address of Current Registered Agent

MILLER, JOHN P
 2499 GLADES ROAD
 SUITE 305A
 BOCA RATON FL 33431

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By September 7, 2005

| 9. MANAGING MEMBERS / MANAGERS | |
|--------------------------------|---|
| TITLE | MGRM <input type="checkbox"/> Delete |
| NAME | BRISCUSO, RAYMOND J |
| STREET ADDRESS | 262 MIRAMAR AVENUE |
| CITY - ST - ZIP | LAUDERDALE-BY-THE-SEA FL 33308 |
| TITLE | X owner / partner MGR <input type="checkbox"/> Delete |
| NAME | Edward MALACZEWSKI |
| STREET ADDRESS | P.O. Box 261 |
| CITY - ST - ZIP | Key Colony Beach, FL 33051 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 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 | 200059793962 |
| STREET ADDRESS | 09/20/05--01059--009 **50.00 |
| 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. 305 393-4066

SIGNATURE: *Edward Malaczewski* 954-7765102 *all*