


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

04-19-2005 90008 022 ****50.00

DOCUMENT # L04000036467

1. Entity Name
ASCOT GROUP 700 LLC



Principal Place of Business
**1101 BRICKELL AVENUE, SUITE 1005-S
 MIAMI, FL 33131**

Mailing Address
**1101 BRICKELL AVENUE, SUITE 1005-S
 MIAMI, FL 33131**

30005993



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

City & State
 Zip

04012005 Chg-LLC CR2E083 (10/03)

4. FEI Number
562465021

Applied For
 Not Applicable

City & State
 Zip

City & State
 Zip

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

City & State
 Zip

City & State
 Zip

6. Name and Address of Current Registered Agent
**GRANET, LLOYD PA
 2295 NW CORPORATE BOULEVARD, SUITE 235
 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 entry 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]* DATE

Signature (Typed or Printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

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

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Manager	Joshua M. Goldberg	110 Brickell Avenue #1005S	Miami, FL 33131		
Manager	Sheldon B. Guren	1101 Brickell Avenue #1005S	Miami, FL 33131		

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]* Date: **4/4/05** Beyond Phone #: **305 374 4007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE