

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036554

FILED  
Jan 06, 2005  
Secretary of State

**Entity Name:** ALLIED ONE REAL ESTATE, LLC

**Current Principal Place of Business:**

6400 NORTH ANDREWS AVENUE STE. 230  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6400 NORTH ANDREWS AVENUE STE. 230  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSEN, PHILIP C  
8551 W. SUNRISE BLVD STE. 208  
FT. LAUDERDALE, FL 33322      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      LASSNER, MICHAEL  
Address:                      111 SE 8TH AVE UNIT 906  
City-St-Zip:                      FORT LAUDERDALE, FL 33301 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: MICHAEL LASSNER                      MGR                      01/06/2005

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