
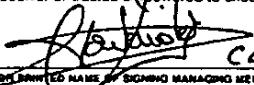


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90065 011 \*\*\*\*55.00

|   |   |  |   |   |         |
|---|---|--|---|---|---------|
| <b>DOCUMENT # L04000038387</b>  |   |  |   |  |         |
| 1. Entity Name<br>FL954, L.L.C.   |   |  |   |   |         |
| Principal Place of Business<br>4737 NORTH OCEAN DRIVE, SUITE 305<br>FT. LAUDERDALE, FL 33308  |   |  | Mailing Address<br>4737 NORTH OCEAN DRIVE, SUITE 305<br>FT. LAUDERDALE, FL 33308  |   |         |
| 2. Principal Place of Business  |   |  | 3. Mailing Address  |   |         |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.   |   |         |
| City & State  |   |  | City & State  |   |         |
| Zip   |   | Country  | Zip   |   | Country |
| 4. FEI Number<br>20-1289467   |   |  | Applied For<br>Not Applicable   |   |         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required   |   |  |   |   |         |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent   |   |         |
| SERFATY, CHARLES S ESQ<br>4340 SHERIDAN ST, SECOND FLOOR<br>HOLLYWOOD, FL 33021   |   |  | 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 registering) DATE _____   |   |  |   |   |         |
| Filing Fee is \$50.00<br>Due by September 7, 2005   |   | Make check payable to<br>Florida Department of State |   |   |         |
| 9. MANAGING MEMBERS / MANAGERS  |   |  | 10. ADDITIONS / CHANGES   |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>LAVENDER, CLAUDE<br>9429 HARDING AVE, UNIT #16<br>SURFIDE, FL 33154 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | MGR<br>LAVENDER CLAUDE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4737 NORTH OCEAN DRIVE, SUITE 305<br>FT LAUDERDALE, FL 33308 |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |         |
| 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:   |   | CLAUDE LAVENDER 7/13/05 (954) 772-2044               |   |   |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | Date Daytime Phone #                                 |   |   |         |