

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90157 006 \*\*\*\*50.00

**DOCUMENT # L04000039286**

1. Entity Name  
LTB ASSOCIATES LLC



Principal Place of Business  
20320 FAIRWAY OAKS DR.  
C/O SUSSMAN  
BOCA RATON, FL 33434

Mailing Address  
20320 FAIRWAY OAKS DR.  
C/O SUSSMAN  
BOCA RATON, FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1123209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BDB AGENT CO.  
2500 N. MILITARY TRAIL  
SUITE 480  
BOCA RATON, FL 33431

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

Signature, typed or printed name of registered agent and title if applicable.

(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 MGRM ☐ Delete  
NAME SUSSMAN, JANICE  
STREET ADDRESS 20320 FAIRWAY OAKS DR.  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE MGRM ☐ Delete  
NAME GAUCI, KAREN  
STREET ADDRESS 20320 FAIRWAY OAKS DR.  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE MGRM ☐ Delete  
NAME SUSSMAN, STANLEY  
STREET ADDRESS 20320 FAIRWAY OAKS DR.  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Stanley H. Sussman

2/4/05 (561) 451-8413

Daytime Phone #