

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 MAY -9 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L04000041906</b><br>1. Entity Name<br>1945 MARSEILLE DRIVE, LLC   |   |  |   |  |  |
| Principal Place of Business<br>1666 JOHN F. KENNEDY CAUSEWAY<br>SUITE #606<br>NORTH BAY VILLAGE, FL 33141 US  |   |  | Mailing Address<br>1666 JOHN F. KENNEDY CAUSEWAY<br>SUITE #606<br>NORTH BAY VILLAGE, FL 33141 US                  |   |  |
| 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><b>20-2518638</b>  |  |
|   |   |  |   | 5. Certificate of Status Desired<br><b>\$5.00 Additional Fee Required</b>         |  |
| 6. Name and Address of Current Registered Agent<br><br>RUBIO, MARCIA<br>1666 JOHN F. KENNEDY CAUSEWAY<br>SUITE #606<br>NORTH BAY VILLAGE, FL 33141  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
|   |   |  | <b>FL</b> 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 <u>Marcia Rubio</u> DATE <u>1/17/05</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE   | MGRM                                    | <input type="checkbox"/> Delete                              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | SLOTA, SCOTT                            |  | NAME  |   |  |
| STREET ADDRESS  | 1666 JOHN F. KENNEDY CAUSEWAY, STE #606 |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | NORTH BAY VILLAGE, FL 33141             |  | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete         |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |   |  | NAME  |   |  |
| STREET ADDRESS  |   |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |   |  | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete         |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |   |  | NAME  |   |  |
| STREET ADDRESS  |   |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |   |  | CITY-ST-ZIP   |   |  |
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| NAME  |   |  | NAME  |   |  |
| STREET ADDRESS  |   |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |   |  | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete         |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |   |  | NAME  |   |  |
| STREET ADDRESS  |   |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |   |  | 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: <u>SM</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  | Date <u>4/27/05</u> Daytime Phone # <u>305-868-8778</u>   |   |  |

