


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 MAY -9 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000041917		
1. Entity Name 13695 N.E. 3RD COURT, LLC		

Principal Place of Business 1666 JOHN F. KENNEDY CAUSEWAY SUITE #606 NORTH BAY VILLAGE, FL 33141 US	Mailing Address 1666 JOHN F. KENNEDY CAUSEWAY SUITE #606 NORTH BAY VILLAGE, FL 33141 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

01172005 Chg-LLC CR2E083 (10/03)



6. Name and Address of Current Registered Agent RUBIO, MARCIA 1666 JOHN F. KENNEDY CAUSEWAY SUITE #606 NORTH BAY VILLAGE, FL 33141	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>1/17/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLOTA, SCOTT 1666 JOHN F. KENNEDY CAUSEWAY, STE #606 NORTH BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>Stacy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>4/27/05</u> <small>Date</small>

305-868-8778
Daytime Phone #