

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 MAY -9 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000041919

1. Entity Name
13725 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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01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-2515058

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

RUBIO, MARCIA
1666 JOHN F. KENNEDY CAUSEWAY
SUITE #606
NORTH BAY VILLAGE, FL 33141

7. Name and Address of New Registered Agent

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 Marcia Rubio

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SLOTA, SCOTT	
STREET ADDRESS	1666 JOHN F. KENNEDY CAUSEWAY, STE #606	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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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)(f), 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: Smj
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/05

Date

305-868-8778

Daytime Phone #