


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 MAY -9 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000043563</b> 1. Entity Name 1298 N.E. 128TH STREET, LLC	
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Principal Place of Business 1666 JOHN F. KENNEDY CAUSEWAY SUITE #606 NORTH BAY VILLAGE, FL 33141	Mailing Address 1666 JOHN F. KENNEDY CAUSEWAY SUITE #606 NORTH BAY VILLAGE, FL 33141
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01172005 Chg-LLC CR2E083 (10/03)

City & State	City & State
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4. FEI Number 20-2519304	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

RUBIO, MARCIA 1666 JOHN F. KENNEDY CAUSEWAY SUITE #606 NORTH BAY VILLAGE, FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) City
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**7. Name and Address of New Registered Agent**

Name Street Address (P.O. Box Number is Not Acceptable) City	State: <b>FL</b> 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**

**9. MANAGING MEMBERS/MANAGERS**

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

**10. ADDITIONS/CHANGES**

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>400054091114</b> 05/09/05--01001--010 **1175.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<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)(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: <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>	Daytime Phone # <u>305-868-8778</u>
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