


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90135 029 ****50.00

DOCUMENT # L04000044965 1. Entity Name 991 GREENWAY, LLC					
Principal Place of Business 7999 N. FEDERAL HIGHWAY SUITE 202 BOCA RATON, FL 33487			Mailing Address 7999 N. FEDERAL HIGHWAY SUITE 202 BOCA RATON, FL 33487		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RUSTINE, DAVID A 7999 N. FEDERAL HIGHWAY SUITE 202 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE <i>David Rustine</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			6-13-05		
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUSTINE, DAVID A 7999 N. FEDERAL HIGHWAY, STE 202 BOCA RATON, FL 33487	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>David Rustine</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			6-13-05 901-997-8000 <small>Date Daytime Phone #</small>		