

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90154 038 \*\*\*\*50.00

DOCUMENT # L04000046206

1. Entity Name

541 LOT, LLC



Principal Place of Business

% INNOVATIVE POWDER COATING INC.  
~~545 NE 32ND STREET~~  
OAKLAND PARK FL 33334

Mailing Address

% INNOVATIVE POWDER COATING INC.  
~~545 NE 32ND STREET~~  
OAKLAND PARK FL 33334

2. Principal Place of Business

550 NE 33 St

Suite, Apt. #, etc.

3. Mailing Address

550 NE 33 St.

Suite, Apt. #, etc.

City & State

Oakland PK, FL

Zip

33334

Country

USA

City & State

Oakland PK, FL

Zip

33334

Country

USA

4. FEI Number

27-0030253

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, DAVID G  
1401 EAST BROWARD BLVD., SUITE 200  
FORT LAUDERDALE FL 33301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☒ Delete  
NAME BATES, JAMES T  
STREET ADDRESS ~~545 NE 32ND STREET~~  
CITY-ST-ZIP ~~OAKLAND PARK FL 33334~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME BATES, JAMES T.  
STREET ADDRESS 550 NE 33 St.  
CITY-ST-ZIP Oakland PK, FL 33334

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/3/05

(954) 537-2558