

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049943

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: CARLOS J. JIMENEZ, PL

**Current Principal Place of Business:**

1515 N. FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432

**New Principal Place of Business:**

5355 TOWN CENTER ROAD  
SUITE 1105  
BOCA RATON, FL 33486

**Current Mailing Address:**

5071 NORTHERN LIGHTS DR.  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 11-3723192      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JIMENEZ, CARLOS J  
5071 NORTHERN LIGHTS DR.  
LAKE WORTH, FL 33463      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: JIMENEZ, CARLOS J ESQUIRE  
Address: 5071 NORTHERN LIGHTS DR.  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CARLOS J. JIMENEZ      MGRM      04/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date