## **2005 LIMITED LIABILITY COMPANY** ANNUAL REPORT

DIVISION OF CORPORATIONS **DOCUMENT # L04000051882** 1. Entity Name 05 SEP 21 AM 8: 56 KISSIMMEE 392, LLC Principal Place of Business Mailing Address 2159 CORAL WAY SUITE B 2159 CORAL WAY SUITE B MIAMI, FL 33145 MIAMI, FL 33145 3. Mailing Address 2. Principal Place of Business -RONTAGE R Suite, Apt. #, etc. Suite, Apt. #, etc. 08312005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number LAKE MIAMI Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 016 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOSCHETTI, JOSE R Street Address (P.O. Box Number is Not Acceptable) 2159 CORAL WAY SUITE B MIAMI, FL 33145 City 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 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 MGR TITLE ☐ Delete TITE ☐ Change ■ Addition CAPARROS, MARTIN JR NAME NAME STREET ADDRESS 14160 PALMETTO FRONTAGE ROAD STE. 21 STREET ADDRESS CITY-ST-7IP MIAMI LAKES, FL 33016 CITY-ST-ZIP MGR Delete TITLE TITLE Change ■ Addition EISNER, NEIL NAME NAME 700059825107 STREET ADDRESS 7602 MARBLEHEAD LANE 204 STREET ADDRESS 09/21/05--01038--012 \*\*50.00 CITY-ST-ZIP PARKLAND, FL 33067 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition FALCONE, ARTHUR NAME NAME 7602 MARBLEHEAD LANE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33067 CITY-ST-ZIP REINSTATEMENT Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 #