2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# L04000054657

Entity Name: LO-20326, LLC

Current Principal Place of Business:

2114 N. FLAMINGO ROAD, #104
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

2114 N. FLAMINGO ROAD, #104
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 20-1490312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KMW HOLDINGS, INC.
2114 N. FLAMINGO ROAD, #104
PEMBROKE PINES, FL 33028 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:	KMW HOLDINGS, INC.,	
Address:	2114 N. FLAMINGO ROAD, #104	
City-St-Zip:	PEMBROKE PINES, FL 33028 US	
Title:	MGRM	( ) Delete
Name:	WEINBERG, STEVEN E	
Address:	14341 BEDFORD COURT	
City-St-Zip:	DAVIE, FL 33325 US	
Title:	MGRM	( ) Delete
Name:	WEINBERG, MELVIN S	
Address:	10450 BUENOS AIRES STREET	
City-St-Zip:	COOPER CITY, FL 33026 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DAVID WEINBERG MGRM 04/19/2005

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