

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90038 015 ****50.00

DOCUMENT # L04000055336	
1. Entity Name 1235 EUCLID ASSOCIATES, LLC	

Principal Place of Business POST OFFICE BOX 2870 WESTPORT, CT 06880	Mailing Address POST OFFICE BOX 2870 WESTPORT, CT 06880
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2. Principal Place of Business 265 POST ROAD WEST	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State WESTPORT, CT	City & State
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Zip 06880	Country U.S.	Zip	Country
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04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1428490	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLUM, SAMUEL S ESQ 2666 TIGERTAIL AVENUE, STE. 106 COCONUT GROVE, FL 33133	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANDEL, JAMES A POST OFFICE BOX 2870 WESTPORT, CT 06880 <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	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:  **JAMES A. RANDEL** 4-13-05 203-454-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #