

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056251

Entity Name: NEXT FLORIDA, LLC

FILED
Mar 31, 2005
Secretary of State

Current Principal Place of Business:

636 WOODGATE CIRCLE
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

636 WOODGATE CIRCLE
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 20-1403900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEMAN, JULIO A
654 WOODGATE LANE
SUNRISE, FL US

Name and Address of New Registered Agent:

RAMOS, RAUL
654 WOODGATE LANE
SUNRISE, FL 33326 US

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: RAUL RAMOS

03/31/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: RAMOS, RAUL
Address: 636 WOODGATE CIRCLE
City-St-Zip: SUNRISE, FL 33326

Title: MGRM () Delete
Name: TDBAR, MARIA B
Address: 636 WOODGATE CIRCLE
City-St-Zip: SUNRISE, FL 33326

Title: MGRM () Delete
Name: RAMOS, SEBASTIAN
Address: 636 WOODGATE CIRCLE
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: TOBAR, MARIA B
Address: 636 WOODGATE CIRCLE
City-St-Zip: SUNRISE, FL 33326

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: RAUL RAMOS

D

03/31/2005

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