

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057343

Entity Name: LIKE 90, LLC

FILED
Sep 05, 2005
Secretary of State

Current Principal Place of Business:

925 GOLDEN BEACH BOULEVARD
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

925 GOLDEN BEACH BOULEVARD
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

FEI Number: 20-1440614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COLEMAN, CHRISTOPHER J ESQUIRE
1311 BEDFORD DRIVE
MELBOURNE, FL 32940 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/MANAGERS:

Title: MGRM () Delete
Name: GRIFFIN, WALTER C
Address: 925 GOLDEN BEACH BOULEVARD
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: MGRM () Delete
Name: WRIGHT, COLIN
Address: 925 GOLDEN BEACH BOULEVARD
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: WRIGHT, COLIN
Address: 2556 LOWER ROAD
City-St-Zip: ROBERTS CREEK, BC VON 3W4 CA

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: W. CHANDLER GRIFFIN

MGRM

09/05/2005

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