FILED
Jul 05, 2005 8:00 am
Secretary of State

04-29-2005 90027 036 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000058462

1. Entity Name
METRO LINDLEY, LLC

By

30009934

02102005 Chg-LLC CR2E063 (10/03)

Principal Place of Business	Mailing Address
210 - 71ST STREET, SUITE 309 MIAMI BEACH, FL 33141	210 - 71ST STREET, SUITE 309 MIAMI BEACH, FL 33141

2. Principal Place of Business	3. Mailing Address
	ONE FINANCIAL PLAZA
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 2001
City & State	City & State FORT LAUDERDALE FL
Zip / Country	Zip 33394 Country USA

4. FEI Number 42-1642086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PITRKOWSKI, JOEL S
317 - 71ST STREET
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

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 [signature] 6/17/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGMR	☐ Delete
NAME	AVI DISHI	
STREET ADDRESS	210 71st Street Suite 309	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	MGMR	☐ Delete
NAME	Haim Yehezkel	
STREET ADDRESS	210 71st Street Suite 309	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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] 4/13/05 (305) 864-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #