


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90024 003 ****50.00

DOCUMENT # L04000059169	
1. Entity Name EXOTIC 2501, LLC	

Principal Place of Business 1730 EAST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33334	Mailing Address 1730 EAST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33334
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14002798

2. Principal Place of Business 2101 W. Commercial Blvd Suite, Apt. #, etc. Suite 2800	3. Mailing Address 2101 W. Commercial Blvd Suite, Apt. #, etc. Suite 2800
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04252005 Chg-LLC CR2E083 (10/03)

City & State Fort Lauderdale FL	City & State Fort Lauderdale FL
Zip 33309	Country USA

4. FEI Number	Applied For <input checked="" 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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6. Name and Address of Current Registered Agent LYNN, MARK J ESQ. C/O ROBERT S. FORMAN, P.A. 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE, FL 33309	
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7. Name and Address of New Registered Agent	
Name Mark J. Lynn	
Street Address (P.O. Box Number is Not Acceptable) C/O Robert S. Forman, P. A..	
2101 West Commercial Blvd., Suite 2800	
City Fort Lauderdale	FL 33309

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 Mark J. Lynn DATE 4/25/05
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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIMM, KENNETH L 1730 EAST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 W. COMMERCIAL BLVD, Suite 2800 FORT LAUDERDALE FL 33309 <input checked="" 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: Kenneth L. Shimm DATE 4/25/05 (954) 492-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Kenneth L. Shimm, Managing Member