

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 MAY -9 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000062611	
1. Entity Name 705-733 S.E. TARPON AVENUE, LLC	

Principal Place of Business 1666 JOHN F. KENNEDY CAUSEWAY SUITE #606 NORTH BAY VILLAGE, FL 33141	Mailing Address 1666 JOHN F. KENNEDY CAUSEWAY SUITE #606 NORTH BAY VILLAGE, FL 33141
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2519563	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RUBIO, MARCIA 1666 JOHN F. KENNEDY CAUSEWAY SUITE #606 NORTH BAY VILLAGE, FL 33141	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Marcia Rubio DATE 1/17/05
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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLOTA, SCOTT 1666 JOHN F. KENNEDY CAUSEWAY, SUITE 606 NORTH BAY VILLAGE, FL 33141 <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: SMY 4/27/05 305-868-8778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #