

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90422 046 \*\*\*\*50.00

<b>DOCUMENT # L04000063216</b>	
1. Entity Name <b>AQUILA WEISS, LLC</b>	



Principal Place of Business <b>100 S.E. 2ND STREET 17TH FL MIAMI, FL 33131</b>	Mailing Address <b>100 S.E. 2ND STREET 17TH FL MIAMI, FL 33131</b>
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**20026305**



2. Principal Place of Business <b>3111 N. UNIVERSITY DRIVE Suite, Apt. #, etc. 1000</b>	3. Mailing Address <b>3111 N. UNIVERSITY DRIVE Suite, Apt. #, etc. 1000</b>
City & State <b>CORAL SPRINGS FL</b>	City & State <b>CORAL SPRINGS FL</b>
Zip <b>33065</b>	Country <b>USA</b>

03282005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-1742860</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LICKSTEIN, FRED K 100 S.E. 2ND STREET 17TH FL MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AQUILA WEST INC. 100 S.E. 2ND STREET 17TH FL MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AQUILA WEISS, INC 3111 N. UNIVERSITY DRIVE #1000 CORAL SPRINGS, FL 33065</b> <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
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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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

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.

<b>SIGNATURE:</b>	<b>3/31/05</b>	<b>954340-0120</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #