

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-04-2005 90422 048 ****50.00

DOCUMENT # L04000063646			
1. Entity Name AQUILA WEISS MANAGEMENT COMPANY, LLC			
Principal Place of Business 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131		Mailing Address 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131	
2. Principal Place of Business 3111 N. UNIVERSITY DRIVE Suite, Apt. #, etc. 1000		3. Mailing Address 3111 N. UNIVERSITY DRIVE Suite, Apt. #, etc. 1000	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33065		Country USA	
4. FEI Number 20-1739503		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LICKSTEIN, FRED K ESQ. 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131		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 _____		DATE _____	
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P THOMAS, R. WEBER 3111 N. UNIVERSITY DRIVE, #1000 CORAL SPRINGS, FL. 33065	
		V JORDAN PAUL 3111 N. UNIVERSITY DRIVE, #1000 CORAL SPRINGS, FL 33065	
		S RODNEY MARKS 3111 N. UNIVERSITY DRIVE, #1000 CORAL SPRINGS, FL. 33065	
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: _____		Date: 3/31/05 954-340-020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	