


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
Jun 16, 2005 8:00 am
Secretary of State

04-29-2005 90057 017 ****50.00

DOCUMENT # L04000065368
 1. Entity Name
INFINITY HOLDINGS, LLC



Principal Place of Business
**2200 NW CORPORATE BOULEVARD, SUITE 401
 BOCA RATON, FL 33431**

Mailing Address
**2200 NW CORPORATE BOULEVARD, SUITE 401
 BOCA RATON, FL 33431**

30099476



2. Principal Place of Business
**515 E. Las Olas Blvd.
 Suite, Apt. #, etc.
 Suite 1050**

3. Mailing Address
**515 E. Las Olas Blvd.
 Suite, Apt. #, etc.
 Suite 1050**

04082005 Chg-LLC CR2E083 (10/03)

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33301

Country
USA

Zip
33301

Country
USA

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**HCRM CORP.
 2200 NW CORPORATE BOULEVARD, SUITE 401
 BOCA RATON, FL 33431**

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 _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing)

**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
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.

SIGNATURE: *Daniel F. Adache* **Daniel F. Adache** 4/15/05 954-524-0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #