


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90037 034 \*\*\*\*\*50.00

<b>DOCUMENT # L04000068091</b>	
1. Entity Name <b>MURRAY WADE &amp; ASSOCIATES LLC</b>	

Principal Place of Business <b>6336 OCEAN DRIVE MARGATE, FL 33063 US</b>	Mailing Address <b>6336 OCEAN DRIVE MARGATE, FL 33163 US</b>
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2. Principal Place of Business <b>AS ABOVE</b>	3. Mailing Address <b>AS ABOVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02212005 Chg-LLC CR2E083 (10/03)

City & State <b>MARGATE FL.</b>	City & State <b>MARGATE FL.</b>
Zip <b>33063</b>	Country <b>U.S.A.</b>

4. FEI Number <b>20-1647618</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>MURRAY, NEWTON 6336 OCEAN DR MARGATE, FL 33163</b>	
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7. Name and Address of New Registered Agent	
Name <b>NEWTON MURRAY</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6336 OCEAN DR.</b>	
City <b>MARGATE</b>	FL Zip Code <b>33063</b>

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 <i>Newton Murray</i> (NEWTON MURRAY)	DATE <b>4/20/05</b>

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WADE, LEO G 1100 SW 104 CT APT 302 MIAMI, FL 33174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRAY, NEWTON 6336 OCEAN DR MARGATE, FL 33163 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENRY, MICHAEL 7432 VISCAYA CIRCLE MARGATE, FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, EARL A 13742 NW 11 CT PEMBROOK PINES, FL 33028 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOROTHY MURRAY 6336 OCEAN DR. MARGATE FL 33063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input checked="" type="checkbox"/> Addition
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:** *Newton Murray* (NEWTON MURRAY) **4/20/05 9549754772**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #