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Secretary of State
03-08-2005 90031 023 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

30002902

01062005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000071617

1. Entity Name
EVAN B. PLOTKA, PLLC

Principal Place of Business	Mailing Address
SOUTHTRUST TOWER ONE EAST BROWARD BLVD., SUITE 444 FT. LAUDERDALE, FL 33301	SOUTHTRUST TOWER ONE EAST BROWARD BLVD., SUITE 444 FT. LAUDERDALE, FL 33301

2. Principal Place of Business		3. Mailing Address	
7771 W. Oakland PkBlvd		Same.	
Suite, Apt. #, etc.: Suite 122		Suite, Apt. #, etc.: Same	
City & State: Sunrise, FL		City & State: Same	
Zip: 33351	Country: Broward	Zip	Country

4. FEI Number: 81-0656437 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PLOTKA, EVAN B
SOUTHTRUST TOWER
ONE EAST BROWARD BLVD., SUITE 444
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name: Evan B. Plotka
Street Address (P.O. Box Number is Not Acceptable): 7771. W. Oakland Park, Blvd.
Atrium West, Suite 122
City: Sunrise FL Zip Code: 33351

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] 3/2/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	MGR PLOTKA, EVAN B ONE EAST BROWARD BLVD., SUITE 444 FT. LAUDERDALE, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Evan B. Plotka. 7771 W. Oakland Park, Blvd Suite #122 Sunrise, FL 33351	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 3/2/05 954-334-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #