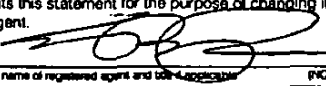


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-08-2005 90031 023 ****50.00

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DOCUMENT # L04000071617			
1. Entity Name EVAN B. PLOTKA, PLLC			
Principal Place of Business SOUTHTRUST TOWER ONE EAST BROWARD BLVD., SUITE 444 FT. LAUDERDALE, FL 33301		Mailing Address SOUTHTRUST TOWER ONE EAST BROWARD BLVD., SUITE 444 FT. LAUDERDALE, FL 33301	
2. Principal Place of Business 7771 W. Oakland Park Blvd		3. Mailing Address Same	
Suite, Apt. #, etc. Suite 122		Suite, Apt. #, etc. Same	
City & State Sunrise, FL		City & State Same	
Zip 33351		Country Broward	
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:  DATE: 3/2/05 (NOTE: Registered Agent signature required when renewing)			
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		3/2/05 954-334-7600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	