

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

04-20-2005 90040 040 ****50.00

DOCUMENT # L04000072832 1. Entity Name LAW OFFICE OF EDWARD T. DINNA, LLC.						
Principal Place of Business 719 INTRACOASTAL DRIVE FORT LAUDERDALE, FL 33304			Mailing Address 719 INTRACOASTAL DRIVE FORT LAUDERDALE, FL 33304			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DINNA, EDWARD T 719 INTRACOASTAL DRIVE FORT LAUDERDALE, FL 33304				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 _____ (NOTE: Registered Agent signature required when re-registering) 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	MGR ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	DINNA, EDWARD T			NAME		
STREET ADDRESS	719 INTRACOASTAL DRIVE			STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33304			CITY - ST - ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
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:				4-11-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		
				Daytime Phone #		

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