


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90042 026 \*\*\*\*50.00

<b>DOCUMENT # L04000073754</b> 1. Entity Name <b>EDMOND THEUS, LLC</b>					
Principal Place of Business <b>14210 NE 12TH AVENUE NORTH MIAMI, FL 33161</b>			Mailing Address <b>14210 NE 12TH AVENUE NORTH MIAMI, FL 33161</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. Name and Address of Current Registered Agent  <b>THEUS, EDMOND 14210 NE 12TH AVENUE NORTH MIAMI, FL 33161</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			4. FEI Number <b>01-0826815</b> Applied For <input type="checkbox"/> Not Applicable		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THEUS, EDMOND 14210 NE 12TH AVENUE NORTH MIAMI, FL 33161			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	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.					
<b>SIGNATURE:</b> 				<b>09-08-05 305-807-8398</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

30011142



07212005 Chg-LLC CR2E083 (10/03)



ATTACHMENT

30011142

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 27, 2005

EDMOND THEUS, LLC  
14210 NE 12TH AVENUE  
NORTH MIAMI, FL 33161

Subject: **EDMOND THEUS, LLC**

Reference Number: **L04000073754**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

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After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/LS  
ANNUAL REPORTS SECTION

1-510-6374639  
KUAN

Division of Corporations - P.O. BOX 6478 - Tallahassee, Florida 32314