2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90372 021 ****50.00

1. Entity Nam	MENI # LU4UUU074 CURITY, LLC	+333			1				
Principal Place 9896 MAJES BOYNTON BE		Mailing Address 9896 MAJESTIC WAY BOYNTON BEACH, FL	33437	US		200 	53629	T a u a u a rai	18 1 (1) 1881
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242005	Chg-LLC	CR2E083 (1	0/03)		
City & State		City & State		4. FEI Numbe 41-2	156567			plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired)0 Addi Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered Agent	:	
				Name					
DANKS, THOMAS 9896 MAJESTIC WAY BOYNTON BEACH, FL 33437			-	Street Address (P.O. Box Number is Not Acceptable)					
			-	City			FL Z	ip Code	• ;
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	s registere	d office or registe	red agent, or bot	h, in the State of Flo			,
SIGNATURE	Signature, typed or printed name of registered age	MATE And the Angle of the to	E. Carmiara	Agent signature require	footstage codu.b		DATE		<u>.</u>
	Signature, types of printed harne of registeres age	какі (не в арркладе. (140)	c. negisleted	Agent signatuse requie	u wien retistating/		DATE		
Filing Fee is \$50.00 Due by May 1, 2005									
Fi Di	iling Fee is \$50.00 ue by May 1, 2005						e check payab a Department c		•
D	ue by May 1, 2005	BERS/MANAGERS	10.			Florida	a Department o		•
9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEME		10.				Department of CHANGES	of State	
D	MANAGING MEME	BERS/MANAGERS	10. TITLE			Florida	Department of CHANGES		Addition
9. TITLE	MANAGING MEME		TITLE NAME			Florida	Department of CHANGES	of State	
9. TITLE NAME	MANAGING MEME MGR DANKS, THOMAS		TITLE NAME STREE	:		Florida	Department of CHANGES	of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEME MGR DANKS, THOMAS 9896 MAJESTIC WAY	☐ Delete	TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP		Florida	a Department o	of State	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEME MGR DANKS, THOMAS 9896 MAJESTIC WAY		TITLE NAME STREE	ET ADDRESS ST-ZIP		Florida	a Department o	of State	
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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.