


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90128 021 ****50.00

DOCUMENT # L04000077506

1. Entity Name
ONE HUNDRED ONE, LLC



Principal Place of Business Mailing Address
220 N.E. 51ST STREET **220 N.E. 51ST STREET**
FT. LAUDERDALE FL 33334 **FT. LAUDERDALE FL 33334**

40040608



1st MOORE CR2E083 (10/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
14-1917165 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE., SUITE 1000 (MDT)
ORLANDO FL 32801-5403

7. Name and Address of New Registered Agent

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005


9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	DARIN LENTNER	220 NE 51 Street	FT. LAUDERDALE, FL 33334	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	DARIN LENTNER	220 NE 51 Street	FORT LAUDERDALE, FL 33334	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	DARIN LENTNER	220 NE 51 ST.	FORT LAUDERDALE 33334	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	ROMAN POLIVKA	220 NE 51 STREET	FORT LAUDERDALE, FL 33334	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	MARK THOMSON	220 NE 51 ST.	FORT LAUDERDALE, FL 33334	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **DARIN LENTNER** 3/23/05 (954) 772-6690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #