## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

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☐ Delete

SUNNY ISLES BEACH, FL 33160

TITLE

NAME

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

## **FILED** Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # L04000077566  1. Entity Name BRYN MAWR HOLDINGS, LLC					04-13-2005 90219 044 ****50.00				
Principal Plac	e of Business	Mailing Address			900045				
19482 38TH SUNNY ISLES	COURT Beach, FL 33160 US	19482 38TH COURT SUNNY ISLES BEACH, FL 33160 US		;		ZUU.	3195	7	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03282005	Chg-LLC	CR2E	(10/03)	ı
City & State		City & State			4. FEI Numbe	18/625		<del></del>	pplied For lot Applicable
Zip	**Country Zip		Country	ntry 5. Certificate of		of Status Desired		\$5.00 Ad Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
200 VILLA SUITE 102	RG, ERIC M GE SQUARE CROSSING CH GARDENS, FL 33410	Stree		Address (P.	O. Box Numbe	ır is Not Acceptabl	FI	Zip Coo	de
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office	or registered	d agent, or bot	h, in the State of Fl		= 1	and accept
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent sign	nature required wi	hen reinstating)	* 1. E-4-200** FR. 1980103	DATE	Communication as the	· · · · · · · · · · · · · · · · · · ·
Filing Fee is \$50.00 Due by May 1, 2005				-	Make check payable to Florida Department of State				
9.	MANAGING MEMBI	RS/MANAGERS	10.			ADDITIONS	/CHANGE	S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZASLOW, DENNIS B DO 19482 38TH COURT SUNNY ISLES BEACH, FL 331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM ZASLOW, DORLENE 19482 38TH COURT SUNNY ISLES BEACH, EL 331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s				Change	☐ Addition

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NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE . . ☐ Change Delete . . TITLE Addition NAME, .... NAME \_\_\_\_\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.