


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90283 022 ****50.00

DOCUMENT # L04000082618	
1. Entity Name ABLE WHOLESALERS OF MARYLAND, LLC	

Principal Place of Business C/O NAVON & LAVIN, P.A./ATN: S.D. NAVON 2699 STIRLING ROAD, SUITE B-100 FT. LAUDERDALE, FL 33312	Mailing Address C/O NAVON & LAVIN, P.A./ATN: S.D. NAVON 2699 STIRLING ROAD, SUITE B-100 FT. LAUDERDALE, FL 33312
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01202005 Chg-LLC	CR2E083 (10/03)
4. FEI Number 20-1903589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
NAVON, SAMUEL D ESQ. C/O NAVON & LAVIN, P.A. 2699 STIRLING ROAD, SUITE B-100 FT. LAUDERDALE, FL 33312	

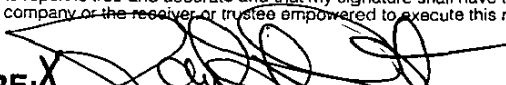
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROCKAWAY INVESTMENTS, INC. 200 TOWERSIDE TERRACE, APT. 1503 FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date X 1/21/05	Daytime Phone #
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