
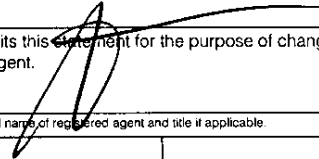
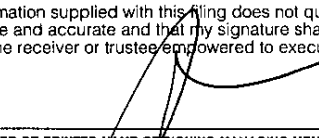


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90013 010 ****50.00

DOCUMENT # L04000083961 1. Entity Name LT HOLDINGS LLC			
Principal Place of Business 2701 WEST OAKLAND PARK BLVD 400 FT. LAUDERDALE, FL 33311		Mailing Address 2701 WEST OAKLAND PARK BLVD 400 FT. LAUDERDALE, FL 33311	
2. Principal Place of Business Suite, Apt. #, etc. 24 N.E. 24th Ave City & State Pompano Beach, FL Zip 33062		3. Mailing Address Suite, Apt. #, etc. 24 N.E. 24th Ave City & State Pompano Beach, FL Zip 33062	
Country Broward		Country Broward	
6. Name and Address of Current Registered Agent MICHAEL, PLATNER 2701 WEST OAKLAND PARK BLVD 400 FT. AUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 24 N.E. 24th Ave City Pompano Beach	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
SIGNATURE 		DATE 4/4/05	
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 CEO NAME Michael Platner STREET ADDRESS 24 N.E. 24 Ave CITY-ST-ZIP Pompano Beach FL 33062	<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
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: 		DATE 4/4/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 954-739-5422	

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