


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90030 007 ****50.00

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| DOCUMENT # L04000084036 | |  | |
| 1. Entity Name 742 SLOPE TRAIL, LLC | | | |
| Principal Place of Business 515 NORTH FLAGLER DRIVE 17TH FL WEST PALM BEACH, FL 33401 | | Mailing Address 515 NORTH FLAGLER DRIVE 17TH FL WEST PALM BEACH, FL 33401 | |
| 2. Principal Place of Business Wittmann Building Corp Suite, Apt. #, etc. Suite 675 625 N. Flagler Dr. City & State West Palm Beach, FL Zip 33401 Country USA | | 3. Mailing Address Wittmann Building Corp Suite, Apt. #, etc. Suite 675 625 N. Flagler Dr. City & State West Palm Beach, FL Zip 33401 Country USA | |
| 4062005 Chg-LLC CR2E083 (10/03) | | 4. FEI Number 20-1897104 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 KINO, GREGORY S 515 NORTH FLAGLER DRIVE 17TH FL WEST PALM BEACH, FL 33401 | | 7. Name and Address of New Registered Agent Name Diane Poli Street Address (P.O. Box Number is Not Acceptable) Wittmann Building Corp 625 N. Flagler Dr., Suite 675 City West Palm Beach FL Zip Code 33401 | |
| 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 <i>Diane Poli</i> Diane Poli 04/07/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| 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 MGR <input type="checkbox"/> Delete NAME WITTMANN, PAUL B STREET ADDRESS 625 NORTH FLAGLER DRIVE STE. 675 CITY-ST-ZIP WEST PALM BEACH, FL 33401 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE MGR <input type="checkbox"/> Delete NAME KINO, GREGORY STREET ADDRESS 515 NORTH FLAGLER DRIVE 17TH FL CITY-ST-ZIP WEST PALM BEACH, FL 33401 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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: <i>Gregory S. Kino</i> Gregory S. Kino | | Date 04/07/05 Daytime Phone # 561-820-0329 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | |

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