

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

04-29-2005 90062 011 ****50.00

DOCUMENT # L04000084078					
1. Entity Name DAVIE SQUARE LLC					
Principal Place of Business 1645 SE 3RD COURT, SUITE 200 DEERFIELD BEACH, FL 33441			Mailing Address 1645 SE 3RD COURT, SUITE 200 DEERFIELD BEACH, FL 33441		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02022005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-0719318				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				02022005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent LLOYD GRANET, P.A. 2295 NW CORPORATE BOULEVARD, SUIT 235 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Manager MJB Management LLC 1645 SE 3rd Court, Ste. 200 Deerfield Beach, FL 33441	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ 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: _____ <i>Robert Greiserman</i> 4.22.05 934.420.1001					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					