2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000086883

1. Entity Name

CITY-ST-ZIP

В	WC	DE/	/ELOI	PMEI	NT	LLC
---	----	-----	-------	------	----	-----

,					-							
Principal Place of Business			Mailing Address	•								
350 WEST INDIANTOWN ROAD JUPITER FL 33458		350 WEST INDIANTOWN ROAD JUPITER FL 33458										
2. Principal Place of Business			3. Mailing Address				1 1551151	I ENI 88111 ELEN 68111 68	TITI BRITI GETET IST	SO OTION SENSI LIBIDO	CHERLIN ITEM	
Suite, Apt. #, etc.			Suite, Apt. #, etc.									
City & State			City & State		- +	4. FEI Number			l la	pplied For		
			Ony a outlo		" ',		74-3	2		lot Applicable		
Zip Country			Zip	Zip Country			-	Certificate of Status Desired \$5.00 Additional Fee Regulred				
	6. Name a	nd Address of Current F	Registered Agent				7. Name and A	ddress of New	Registered	Agent		
	🗻 📖 .	J			_Name			-		بالمحاد وأميين		
CORMIER, BRETT 350 WEST INDIANTOWN ROAD			•	,			Street Address (P.O. Box Number is Not Acceptable)					
JUP	PITER FL 33	3458						-		,		
					City				FL	Zip Cod	et	
	named entity s tions of register		the purpose of changing i	ts register	ed office or r	registered	agent, or both,	in the State of F	lorida. I am	familiar with	, and accept	
SIGNATURE .	Signature, typed or	printed name of registered agent at	nd title if applicable. (NC	OTE: Registere	d Agent signature	e required wh	en reinstating)		DATE			
			Transportation and the second second	est estina	00 07 000000	F4.6383483	\$50.00 FEED					
			Professional Control of the Control	**************************************	FEE IS \$5	the second of the second of						
			Make Check Paya				OI STREE					
				ue by w	ay 1, 2005							
9.		MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS	CHANGE:	S		
TITLE	MGRM		☐ Delete	TITL	E					Change	☐ Addition	
NAME	CORMIER, B			NAM								
STREET ADDRESS	Į.	NDIANTOWN ROAD			ET ADDRESS							
CITY-ST-ZIP	JUPITER FL	33458		_	-ST-ZIP							
TITLE			Delete	TITL		•				☐ Change	Addition	
NAME Street address			•	NAM	ET ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
TITLE			☐ Delete	TITL	+					☐ Change	Addition	
VAME:			Uelea للاستخداد ⇒ چيوستددن د د پيښتان خار ⇔ چيوستدن		E		<u> </u>			~ ~~~~	□ variabili	
STREET ADDRESS	ľ				ET ADDRESS		•			•		
CITY-ST-ZIP			•	CITY	-ST-ZIP		•					
IITLE			☐ Delete	TITL	E .		- 			☐ Change	Addition	
NAME	i			NAM	_							
STREET ADDRESS	ľ			STRE	ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
MILE			Delate	TITL	E					Change	Addition	
NAME				NAM	iE			•	_			
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP	<u> </u>		<u></u>	CITY	-ST-ZIP							
TITLE			Delete	TITL	E					☐ Change	☐ Addition	
NAME				NAM								
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP	1 .			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 of trustee emprovered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: N/V SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGENG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 08, 2005 8:00 am Secretary of State 03-08-2005 90029 029 ****50.00