2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED  OS MAR -1 PM 6 03  SECRETAR L. LATE  Nating Address of Business  SASS SHERIDAN STREET  HOLLYWOOD FL 33021  See Applied Flore  OS MAR -1 PM 6 03  SECRETAR L. LATE  Interpretable Control  Interpretable Control  Interpretable Control  Interpretable Control  File Required  Interpretable Control  File Required  Interpretable Control  SOME ADDRESS HERDON STREET  HOLLYWOOD FL 33021  Secretable Control  Secretable Control  Interpretable Con		ANNUAL RI	•			•				
Principal Place of Business   Mailing Address   3888 SHERIDAN STREET   HOLLYWOOD FL 33021   SECRETAIN   STREET   HOLLYWOOD FL 33021   Secretain   Secr						FILED				
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City & State	2. Principal Pla	ce of Business	3. Mailing Address							
City & State	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E083	3 (10/04)			
S. CHECHTER, STUART A 3858 SHERIDAN STREET HOLLYWOOD FL 33021  City  FL  Zip Code  Cit						3	<u> </u>			
SCHECHTER, STUART A 3856 SHERIDAN STREET HOLLYWOOD FL 33021  City  FL  Zip Code  Code  Code  City  C	Zip	Country	Zip Count		ту	5. Certificate of Status Desire				
SCHECHTER, STUART A 3858 SHERIDAN STREET HOLLYWOOD FL 33021  City  City  FL  Zip Code  City  FL  Zip Code  1. 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  Make Check Payable in Florida Department of State  Due By May 1: 2005  9. MANAGING MEMBERS / MANAGERS  TILL  MAKE  THE NOW!!!. FEE IS \$50.00  Make Check Payable in Florida Department of State  Due By May 1: 2005  9. MANAGING MEMBERS / MANAGERS  TILL  MAKE  TO DUE STATE A SCHECHTER  SITERIA DUESS  SITERIA DUESS		6. Name and Address of Current I			Niemo "	7. Name and Address of Ne	w Registered A	gent		
Signature for the purpose of changing its registered different requirement for the purpose of changing its registered different registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent.  SIGNATURE    City   FL   Zip Code	SCHE	CHTER STUART A		Ĺ	Name					
8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.  SIGNATURE    Separate, yourd or printed name of registered agent until list. # separated Agent signature required when remisoring)   CATE,	3858	SHERIDAN STREET			Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Separate, yeard or printed name of registered agent and table agent.			City				Tin Code			
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Make Check Payable to Florida Department of State	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE.									
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES   Addition   MANAGER   Addition   Addition   MANAGER   Addition   Addi	FILE NOW!!! FEE IS \$50.00									
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limited liability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby ce	on this report is true and accurate and	that my signature shall have t	the exer	nption stated in Se legal effect as if r	nade under oath: that I am a m	tes. I further cert anaging membe	tify that the in er or manage:	formation of the	