

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (APR)


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

04-20-2005 90029 042 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000089078					
1. Entity Name JOHN'S ANTIQUES, LLC					
Principal Place of Business 20115 NE 39 PLACE AVENTURA FL 33180			Mailing Address 20115 NE 39 PLACE AVENTURA FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CURRAN, LAURENCE E 4000 PONCE DE LEON BLVD SUITE 470 CORAL GABLES, FL FL 33134				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	
FL				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIRCHANSKI, JOHN L		NAME		
STREET ADDRESS	20115 NE 39 PLACE		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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>John L Wirchanski</i>			4/10/05 305.975.1007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT

30006305

404000089078

John's Antiques, LLC

John Wirchanski

20115 NE 39 Place

Aventura, FL 33180

305.975.1007

May 10, 2005

Florida Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, Florida 32314

To Whom It May Concern:

I received the enclosed paperwork from your office today. According to my attorney who helped me set up the LLC, I am not required to have an FEI number if I file the LLC profit/loss on my personal IRS forms. That is what I intend to do.

If it is required, my Social Security Number is 261-39-5663. If there is some issue with the above information I have submitted please contact me at the summer address I have listed below. I am leaving for the months of June, July, August, and September for an antique buying trip.

Thank you.

Sincerely,



John L. Wirchanski
160 Franklin Street
Dublin, Ohio 43017
305.975.1007 cell