

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90426 036 ****50.00

DOCUMENT # L04000090492					
1. Entity Name THE LAW OFFICES OF KEVIN D. DENNIS, LLC					
Principal Place of Business 842 MERIDIAN AVE STE 2-A MIAMI BEACH, FL 33139			Mailing Address 842 MERIDIAN AVE STE 2-A MIAMI BEACH, FL 33139		
2. Principal Place of Business 905 Brickell Bay Drive Suite, Apt. #, etc. Suite 228 City & State Miami Florida Zip 33131 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03302005 Chg-LLC CR2E083 (10/03)		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent DENNIS, KEVIN D 842 MERIDIAN AVE STE 2-A MIAMI BEACH, FL 33139	
7. Name and Address of New Registered Agent Name: Kevin D Dennis Street Address (P.O. Box Number is Not Acceptable): 905 Brickell Bay Drive Suite 228 City: Miami FL Zip Code: 33131				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: Kevin D Dennis DATE: 3/31/05 <small>(NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	MGR DENNIS, KEVIN D. 842 MERIDIAN AVE STE 2-A MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kevin D Dennis				DATE: 3/31/05 DAYTIME PHONE #: 305 755 9200	