2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L94000000159

1. Entity Name
KATZEN BURCHERS SOUTH DADE, L.C.

Principal Place of Business	Mailing Address
P.O. BOX 983 PUNTA GORDA, FL 33951-0983	P.O. BOX 510983 PUNTA GORDA, FL 33951

DO NOT WRITE IN THIS SPACE

03072005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-0208232	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, RANDALL
329 E OLYMPIA AVE
PUNTA GORDA, FL 33950

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KATZEN, MELVYN J
STREET ADDRESS	329 E OLYMPIA AVE
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGR
NAME	BURCHERS, SAMUEL A
STREET ADDRESS	1910 JAMAICA WAY
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/05-80015-020 50.00

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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:_____   3/11/05 (941) 639-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #