

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90294 041 ****50.00

DOCUMENT # L95000000418

1. Entity Name
BANYAN LICENSING, L.C.



Principal Place of Business
**1040 BAYVIEW DRIVE
SUITE 322
FT. LAUDERDALE, FL 33304**

Mailing Address
**1040 BAYVIEW DRIVE
SUITE 322
FT. LAUDERDALE, FL 33304**



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0625153

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LICHTMAN, CHARLES H
BERGER SINGMAN
350 E. LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAVIS, E. SCOTT
1040 BAYVIEW DRIVE, STE. 322
FT. LAUDERDALE, FL 33304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAVIS, KATHY W
1040 BAYVIEW DRIVE, STE. 322
FT. LAUDERDALE, FL 33304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

2/7/05

Date

954 525-4223

Daytime Phone #