

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2005 APR -7 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03302005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0620272	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, COLETTE K ESQ.
1070 E. INDIANTOWN ROAD
SUITE 312
JUPITER, FL 33477

**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	MGR FOSTER, LETA A 64 VIA MIZNER, WORTH AVENUE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOSTER, RIDGELY M 64 VIA MIZNER, WORTH AVENUE PALM BEACH, FL 33480
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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: *Ridgely Foster*

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

Date

Daytime Phone #

4/4/05 *5646555489*