

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000282

Entity Name: SANTONI-WOLLMAN, L.C.

FILED
Jan 17, 2005
Secretary of State

Current Principal Place of Business:

5249 NW 9 AVE
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5800 PULASKI HWY
BALTIMORE, MD 21205

New Mailing Address:

5820 PULASKI HWY
BALTIMORE, MD 21205

FEI Number: 65-0735399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CURTIS, CHARLES L
1177 SE 3 AVE
FT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

CURTIS, CHARLES L
1486 SW 19 TH AVE
FT LAUDERDALE, FL 33312 US

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.

SIGNATURE: CHARLES L CURTIS

01/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MEM () Delete
Name: SANTONI, GEORGE
Address: 5800 PULASKI HWY
City-St-Zip: BALTIMORE, MD 21205

Title: MEM () Delete
Name: WOLLMAN, ROBERT
Address: 5800 PULASKI HWY
City-St-Zip: BALTIMORE, MD 21205

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANTONI, GEORGE
Address: 5820 PULASKI HWY
City-St-Zip: BALTIMORE, MD 21205

Title: MGRM (X) Change () Addition
Name: WOLLMAN, ROBERT
Address: 5820 PULASKI HWY
City-St-Zip: BALTIMORE, MD 21205

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GEORGE J SANTONI

MGRM

01/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date