


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000306 1. Entity Name 20/20 FREEWAY, L.C.	
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Principal Place of Business 917 N. NORTHLAKE DR HOLLYWOOD, FL 33020	Mailing Address 917 N. NORTHLAKE DR HOLLYWOOD, FL 33020
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02092005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0779879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ZBAR, DARREL ESQ. 1801 POLK ST., BOX #630 HOLLYWOOD, FL 33022	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZBAR, DARREL 1801 POLK STREET, BOX 630 HOLLYWOOD, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPECHLER, BRENT 1801 POLK STREET, BOX 630 HOLLYWOOD, FL 33134
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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: Brent A Spechler 2/10/05 84 922 2402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

BRENT A SPECHLER