

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90019 043 ****50.00

DOCUMENT # L98000001809

1. Entity Name
DONNA-MAR L.L.C.



Principal Place of Business
C/O CYRUS S. WEST
1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH, FL 33139

Mailing Address
P.O. BOX 81-4684
HOLLYWOOD, FL 33081 US

200506100



2. Principal Place of Business
45 GREENS ROAD

3. Mailing Address
45 GREENS ROAD

04302005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL.

City & State
HOLLYWOOD, FL.

4. FEI Number
65-0862653

Applied For
Not Applicable

Zip 33021 Country USA

Zip 33021 Country USA

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

6. Name and Address of Current Registered Agent

WEST, CYRUS S
1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name WEST, CYRUS S.

Street Address (P.O. Box Number is Not Acceptable)

45 GREENS ROAD

City HOLLYWOOD

FL

Zip Code 33021

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

4/29/05

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WEST, CYRUS S
STREET ADDRESS 1111 LINCOLN ROAD, SUITE 400
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME WEST, CYRUS S.
STREET ADDRESS 45 GREENS ROAD
CITY-ST-ZIP HOLLYWOOD, FL. 33021 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/05

305-606-0007

Date

Daytime Phone #