2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L98000002579

1. Entity Name
S.R. 84 GROUP, LLC

Principal Place of Business	Mailing Address
1314 E. LAS OLAS BLVD. #1098 FORT LAUDERDALE, FL 33301	1314 E. LAS OLAS BLVD. #1098 FORT LAUDERDALE, FL 33301

01042005No Chg-LLC CR2E083 (10/03)

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4. FEI Number
65-0870171
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STYLES, MICHAEL ESQ.
507 S.E. 11TH COURT
FORT LAUDERDALE, FL 33316

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

U00000180712
01/14/05-89017-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COHEN, BRYAN
STREET ADDRESS	1314 E. LAS OLAS BLVD. #1098
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: BRYAN D COHEN M/M 1-12-05 954-763-5208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #