2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000003213

1. Entity Name
2494 IOWA L.L.C.

Principal Place of Business	Mailing Address
75 NE 6TH AVE SUITE 103 DELRAY BEACH, FL 33483	75 NE 6TH AVE SUITE 103 DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

03152005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0954508

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEINSTEIN, NORMAN S
75 NE 6TH AVE
SUITE 103
DELRAY BEACH, FL 33483

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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	MGRM
NAME	SMOLEV, IRA
STREET ADDRESS	925 SO FEDERAL HWY, STE 175
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	WEINSTEIN, NORMAN S
STREET ADDRESS	75 NE 6TH AVE #103
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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04/25/05-80117-020 50.00

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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: Norman S. Weinstein 4/19/05 561-278-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #