2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT# L99000001482

1. EntityName
1825COMPLEX,L.C.

PrincipalPlaceofBusiness
1825 RIVERVIEW DRIVE
MELBOURNE, FL 32901

MailingAddress
1825 RIVERVIEW DRIVE
MELBOURNE, FL 32901

02072005No Chg-LLC CR2E083(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
59-3566565
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

REINMAN,JAMESL
1825RIVERVIEWDRIVE
MELBOURNE,FL32901

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE 2/7/05
Signature,ifanyofaboveprintednamedregisteredagent,andifapplicable (NOTE RegisteredAgent'ssignaturerequiredwhenfra Instating)

Filing Fee is $50.00
Due by May 1, 2005

UN00000222530
02/10/05-80005-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REINMAN,JAMESL
STREETADDRESS	1825RIVERVIEWDRIVE
CITY-ST-ZIP	MELBOURNE,FL32901
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
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STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. *Ihereby 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: _____ 2/7/05 321-768-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date DaytimePhone#