

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT# L99000001482 1. EntityName 1825COMPLEX,L.C.	
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PrincipalPlaceofBusiness 1825 RIVERVIEW DRIVE MELBOURNE, FL 32901	MailingAddress 1825 RIVERVIEW DRIVE MELBOURNE, FL 32901
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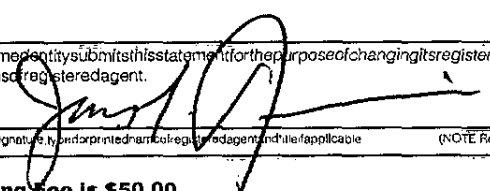
02072005No Chg-LLC CR2E083(10/03)

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

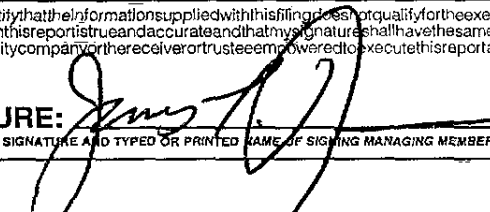
8. Theabovenameentitysubmits thisstatementfor thepurposeofchangingitsregisteredofficeorregisteredagent,orboth,in theStateofFlorida. Iamfamiliarwith, andaccept theobligationsofregisteredagent.
SIGNATURE  DATE 2/7/05
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when re-instating)

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

UN00000222530
02/10/05-80005-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREETADDRESS CITY-ST-ZIP	MGR REINMAN, JAMESL 1825RIVERVIEWDRIVE MELBOURNE, FL32901
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11. Iherebycertifythattheinformation suppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(f), FloridaStatutes. Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that limitedliabilitycompanyorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter608, FloridaStatutes. I am a managing member or manager of the tes
SIGNATURE:  DATE 2/7/05 DaytimePhone# 321-768-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE