

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90018 046 \*\*\*\*50.00

<b>DOCUMENT # L99000002924</b>	
1. Entity Name PHIL MADARY, L.L.C.	



20049705



Principal Place of Business <del>423 SOUTH KELLER ROAD, #201</del> <del>ORLANDO, FL 32810</del>	Mailing Address <del>423 SOUTH KELLER ROAD, #201</del> <del>ORLANDO, FL 32810</del>
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2. Principal Place of Business 1151 North Orange Avenue Winter Park, FL 32789	3. Mailing Address 1151 North Orange Avenue Winter Park, FL 32789
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04212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3591173		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LEFKOWITZ, HOWARD B ESQ <del>423 SOUTH KELLER ROAD, #201</del> <del>ORLANDO, FL 32810</del>		7. Name and Address of New Registered Agent Name Street Address 1151 North Orange Avenue Winter Park, FL 32789 City FL Zip Code	
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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 \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEFKOWITZ, HOWARD <del>423 SOUTH KELLER ROAD, #201</del> <del>ORLANDO, FL 32810</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1151 North Orange Avenue Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Howard B. Lefkowitz, Mgr **4/21/05 407-667-8989**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #