2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2005 08:00 AM Secretary of State

DOCUMENT # L9900002929 1. Entity Name SANS MARINA, LLC				Secretary of State		
3208 N.E. 1	e of Business OTH STREET EACH, FL 33062	Mälling Address 3208 N.E. 10TH STREET POMPANO BEACH, FL 3306	2	**************************************	EEIN SONA OSINS ADNO ADNO ANGRE NGREN AR NOV	
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	O NOT WOITE	IN THE COA	^	04222005 No Chg-LLC	CR2E083 (10/03)	
-	OO NOT WRITE	IIN I MIS SPA	ICE	4. FEI Number 65-0948532	Applied For Not Applicable	
]				Certificate of Status Desired	CE OD A TOTAL	
	6. Name and Address of Current	Registered Agent		 	- Too requires	
3208 N.E.	SKY, STEVEN R 10TH STREET O BEACH, FL 33062		-	DO NOT V IN THIS S	····	
8. The above the obligation	named entity submits this statement to tions of registered agent.	r the purpose of changing its registe	ered office or register	red agent, or both, in the State of	Florida. I am familiar with, and accept	
SIGNATURE.				· · · · · · · · · · · · · · · · · · ·		
<u></u>	Signature, typed or printed name of registered agent	and tille it applicable. (NOTE, Registe	red Agent signature required	d when reinstating)	DATE	
P D	iling Fee is \$50.00 ue by May 1, 2005	e 🎉 in 1995 in 1995	~			
9.	MANAGING MEMBE	RS/MANAGERS	_			
NAME STREET ADDRESS CITY-ST-ZIP	MGR DOBROFSKY, STEVEN R 3208 N.E. 10TH STREET POMPANO BEACH, FL 33062			U00000331791 04/26/05~80033-001 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERKE, BENITTA 36 W RANDOLPH STREET STE CHICAGO, IL 60601	701				
TITLE NAME			1			

DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
GRY-ST-ZIP
STREET ADDRESS
GRY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAIN GING MEMBER, OR AUTHORIZED REPRESENTATIVE

STEVEN DOBRESSY WEMP 4/22/05

Date

954-

Daytime Phone #