


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000005411</b> 1. Entity Name <b>CANTON CENTER ASSOCIATES, L.L.C.</b>	
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<b>Principal Place of Business</b> <b>1428 BRICKELL AVE., EIGHTH FL</b> <b>MIAMI, FL 33131</b>	<b>Mailing Address</b> <b>8854 S.W. 129TH TERRACE</b> <b>MIAMI, FL 33176</b>
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01132005 No Chg-LLC

CP2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>11-2886114</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>MANASTER, JOSHUA D</b> <b>1428 BRICKELL AVE., EIGHTH FL</b> <b>MIAMI, FL 33131</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M 56TH ASSOCIATES, L.L.C. 1428 BRICKELL AVE., EIGHTH FL MIAMI, FL 33131
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02/02/05-80019-003 100.00

**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)(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:** 

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

Date

Daytime Phone #

2/1-26-05

878-438-2764