## 2005 LIMITED LIABILITY COMPANY \_\_\_ANNUAL REPORT

SIGNATURE: Levy Joan Jerry ISa.

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

## FILED May 02, 2005 08:00 AM Secretary of State

1. Entity Nan	MEN I # L99000006 C ISAN, L.L.C.	398		
2420 N.W. 2	ce of Business 27TH STREET E POINT, FL 33064	Mailing Address 1389 NW 136TH AVE. SUNRISE, FL 33323		
DO NOT WRITE IN THIS SPACE				04262005 No Chg-LLC
JERRY ISAN 2420 N.E. 27TH ST. LIGHTHOUSE POINT, FL 33064				DO NOT WRITE IN THIS SPACE
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  Filling Fee is \$50.00  Due by May 1, 2005				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGRM ISAN, JERRY IS 2420 N.E. 27TH ST. LIGHTHOUSE POINT, FL 330648357			U00000358804 
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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THILE NAME STREET ADDRESS CITY-ST-ZIP		·		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 it 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.				