


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000008185**  
 1. Entity Name  
**ALAN SIRKIN FAMILY HOLDINGS, LLC**



Principal Place of Business 3500 S. BAYHOMES DRIVE COCONUT GROVE, FL 33133	Mailing Address 3500 S. BAYHOMES DRIVE COCONUT GROVE, FL 33133
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**DO NOT WRITE IN THIS SPACE**



01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0973837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

b. Name and Address of Current Registered Agent

NELSON, DARRY A ESQUIRE  
 C/O NELSON & LEVINE, P.A.  
 2775 SUNNY ISLES BLVD  
 NORTH MIAMI BEACH, FL 33160

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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**

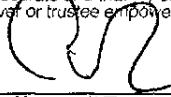
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM SIRKINI, ALAN 3500 S. BAYHOMES DRIVE COCONUT GROVE, FL 33133
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 02/01/05-80021-002 50.00

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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 60A, Florida Statutes.

**SIGNATURE:**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_