

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000001920</b>	
1. Entity Name <b>CENTORQUE, LLC</b>	
Principal Place of Business <b>3191 S.W. 11TH STREET BLDG 100 DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>3191 S.W. 11TH STREET BLDG 100 DEERFIELD BEACH, FL 33442</b>



04192005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-4498990</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LEIBOWITZ, PATRICIA 3191 S.W. 11TH STREET BLDG 100 DEERFIELD BEACH, FL 33442</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 *Patricia Leibowitz* *Patricia Leibowitz* *4/19/05*  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEIBOWITZ, MARTIN NICK 3191 S.W. 11TH STREET BLDG 100 DEERFIELD BEACH, FL 33442
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04/25/05-80034-007 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 608, Florida Statutes.

SIGNATURE: *Patricia Leibowitz* *Patricia Leibowitz* *4/19/05* *954-480-6485*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #