



**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000000842</b> 1. Entity Name <b>AERIUS HOLDINGS, LLC</b>	
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Principal Place of Business <b>202 SUNRISE DRIVE STE.A KEY BISCAYNE, FL 33149</b>	Mailing Address <b>202 SUNRISE DRIVE STE.A KEY BISCAYNE, FL 33149</b>
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>55-0794586</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LITWER, BRUCE 5500 NW 69TH AVE LAUDERHILL, FL 33319</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARDOZO, RICHARD 202 SUNRISE DRIVE STE.A KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARDOZO, ARLENE 202 SUNRISE DRIVE STE.A KEY BISCAYNE, FL 33149
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01/06/05-80022-023 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)(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:** Richard N. Cardozo **RICHARD N. CARDOZO** 3 JAN 05 305-361-6382  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #