2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 06, 2005 08:00 AM Secretary of State

	ANNUAL REPURI	· sir	111ay 00, 2005 00.00
DOCUMENT # M0300002248 1. Entity Name AUBURNDALE GP, LLC			Secretary of State
Principal Plan	ce of Business Mailing Address		
50 W. SAN FERNANDO 50 W. SAN FERNANDO			
SAN JOSE, CA 95113 SAN JOSE, CA 95113			
552, 5 54			
	A CONTRACTOR OF THE STATE OF TH		. I I I I I I I I I I I I I I I I I I I
	1		
DO NOT WRITE IN THIS SPACE			04252005No Chg-LLC
DO NOT WHITE IN THIS SPAC		/ L	4. FEI Number Applied For
			77-0605848 Not Applicable
		ļ	5. Certificate of Status Desired 55.00 Additional
			Fee Required
	6. Name and Address of Current Registered Agent		
	ATION SERVICE COMPANY		DO NOT WRITE
1201 HAYS STREET			DO NOT AUTIE
TALLAHASSEE, FL 32301-2525			INI THIC COACE
	į		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			
Filing Fee is \$50.00 Due by May 1, 2005			Unonno354413 05/06/05-80040-009 50.00
9.	MANAGING MEMBERS/MANAGERS	3. 3 <u> </u>	
TITLE	MGRM		
	AUBURNDALE LP, LLC		
NAME CERCET LOOPING	1		
STREET ADDRESS			
CITY - ST - ZIP	SAN JOSE, CA 95113	—	
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP		_	
TITLE			
TITLE	į.		
NAME			
STREET ADDRESS			DO NOT WRITE
CITY - ST - ZIP		=	DO ROT WILLIAM
TITLE			IN THIS SPACE
NAME	4		III IIIIO DI AOL
STREET ADDRESS			
CITY-\$1-ZIP			
TITLE			ļ
NAME	}		
STREET ADDRESS	\		
CITY-ST-ZIP		 -	
TITLE	l l		
NAME	.		
STREET ADDRESS)
CITY - ST - ZIP			I
	partition that the information reported with this 200 - day at 200 - 200	etion at the C	140 07(0)(1) Truste Out to 11 th 11 th 11 th
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.			
	,	,	j

Yanira Wong

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

4/28/05

Date

Daytime Phone #

SIGNATURE: _