2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# M03000003435

Entity Name: FLORIDAZE LLC

Current Principal Place of Business:

76 NUTMEG LANE
STAMFORD, CT 06905

New Principal Place of Business:

Current Mailing Address:

76 NUTMEG LANE
STAMFORD, CT 06905

New Mailing Address:

FEI Number: 65-1205073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY ESQ
239 E. VIRGINIA ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	PRATT, SHARON	
Address:	76 NUTMEG LANE	
City-St-Zip:	STAMFORD, CT 06905	
Title:	MGRM	( ) Delete
Name:	PRATT, DOUGLAS	
Address:	76 NUTMEG LANE	
City-St-Zip:	STAMFORD, CT 06905	
Title:	MGRM	( ) Delete
Name:	TINARI, EUGENE	
Address:	12 SPRINGLEY LANE	
City-St-Zip:	CHESTER SPRINGS, PA 19425	
Title:	MGRM	( ) Delete
Name:	TINARI, SUZANNE	
Address:	12 SPRINGLEY LANE	
City-St-Zip:	CHESTER SPRINGS, PA 19425	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	TINARI, EUGENE	
Address:	109 MAGNOLIA CRT.	
City-St-Zip:	CHESTER SPRINGS, PA 19425	
Title:	MGRM	(X) Change ( ) Addition
Name:	TINARI, SUZANNE	
Address:	109 MAGNOLIA CRT.	
City-St-Zip:	CHESTER SPRINGS, PA 19425	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHARON PRATT MRS. 02/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date