

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90029 002 ****55.00

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02262005 Chg-LLC CR2E083 (10/03)

DOCUMENT # M04000002695 1. Entity Name 11 MONTGOMERY PLACE LLC					
Principal Place of Business 1881 WASHINGTON AVENUE, #12C MIAMI BEACH, FL 33139			Mailing Address 1881 WASHINGTON AVENUE, #12C MIAMI BEACH, FL 33139		
2. Principal Place of Business 3967-168th STREET Suite, Apt. #, etc. BUILDING		3. Mailing Address 1881 WASHINGTON AVE Suite, Apt. #, etc. 12 C			
City & State NORTH MIAMI BEACH, FL		City & State MIAMI BEACH, FL		4. FEI Number 11-3470572	
Zip 33160		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LONGINOTTO, FINN 1881 WASHINGTON AVENUE, #12C MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINN LONGINOTTO, MNG. MEMBER 1413 Q STREET NW WASHINGTON, D.C. 20009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAI CAO, MANAGING MEMBER 1413 Q STREET NW WASHINGTON, D.C. 20009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: FINN LONGINOTTO			Date: 2/28/05 Daytime Phone #: 917-860-4780		