


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90014 032 \*\*\*\*55.00

<b>DOCUMENT # M04000004803</b> 1. Entity Name <b>ANGELITA'S NORTH, LLC</b>			
Principal Place of Business <b>3400 N.W. 16 TERRACE POMPAHO BEACH, FL 33064</b>		Mailing Address <b>7810 SEQUOIA LANE PARKLAND, FL 33067</b>	
2. Principal Place of Business <b>5970 NE 18 Ave</b> Suite, Apt. #, etc. <b>1274</b>		3. Mailing Address  Suite, Apt. #, etc.  	
City & State <b>FT Lauderdale</b>		City & State  	
Zip <b>33834</b>		Country <b>Broward</b>	
4. FEI Number <b>20-1637444</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PAGLIERY, SERGIO A ESQ. ONE S.E. THIRD AVENUE, SUITE 1940 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Pagliery, Sergio A. ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8788 SW 85T</b> City <b>MIAMI</b>	
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.		FL Zip Code <b>33124</b>	
SIGNATURE <b>Nancy Tarrant-Schauerte</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4-29-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGR</b> NAME <b>TARRANT-SCHAUERTE, NANCY</b> STREET ADDRESS <b>7810 SEQUOIA LANE</b> CITY-ST-ZIP <b>PARKLAND, FL 33067</b>	<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
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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: <b>Nancy Tarrant-Schauerte</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <b>4-29-05</b> <small>Daytime Phone #</small>	

954.598.7952