


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000004943 1. Entity Name POWERMINN 9090 LR2, LLC	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 PM 3:00

Principal Place of Business 2295 CORPORATE BLVD., N.W., SUITE 222 BOCA RATON, FL 33431	Mailing Address 2295 CORPORATE BLVD., N.W., SUITE 222 BOCA RATON, FL 33431
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01062005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1831075	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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DO NOT WRITE 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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALIPA ENTERPRISES, INC. 20 COMMUNITY PLACE MORRISTOWN, NJ 07960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>100054035621 05/09/05--01011--003 **275.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: _____

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

Date

Daytime Phone #