2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000005141

1. Entity Name
MCCRORY DESIGN BUICK (DEL) LLC

Principal Place of Business	Mailing Address
1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139	1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

02212005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number 27-0110075 | Applied For
NOT APPLICABLE | Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINS, CRAIG
1632 PENNSYLVANIA AVE.
MIAMI BEACH, FL 33139

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	MGR	
NAME	ROBINS, CRAIG	
STREET ADDRESS	1632 PENNSYLVANIA AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		
NAME		
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CITY-ST-ZIP		

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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.

MCCRORY DESIGN ASSOC., INC./GEN. PARTNER

SIGNATURE: _____ VP   3/1/05 (305)531-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #