


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000004695
 1. Entity Name
 MARTIN & AZOULAY, L.L.C.



Principal Place of Business Mailing Address
 8525 S.W. 92 STREET, SUIT B-9 8525 S.W. 92 STREET, SUIT B-9
 MIAMI, FL 33156 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE



01192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1087457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARTIN, THOMAS F
 8525 S.W. 92 STREET, SUIT B-9
 MIAMI, FL 33156

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B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

100000042410
 02/10/04-80023-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZOULAY, SHARON L P.A. 8525 SW 92ND STREET B-9 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, THOMAS F 8525 SW 92ND STREET B-9 MIAMI, FL 33156
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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)(f), 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: *Sharon Azoulay* X 2-9-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #