2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2004
Secretary of State

DOCUMENT# L01000006532

Entity Name: ASNIS & SREBNICK, LLC

Current Principal Place of Business:

44 WEST FLAGLER STREET, SUITE 2250
MIAMI, FL 33130

New Principal Place of Business:

44 WEST FLAGLER STREET
SUITE 2250
MIAMI, FL 33130

Current Mailing Address:

44 WEST FLAGLER STREET, SUITE 2250
MIAMI, FL 33130

New Mailing Address:

44 WEST FLAGLER STREET
SUITE 2250
MIAMI, FL 33130

FEI Number: 65-1096063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMONS, BARRY L ESQUIRE
9700 SOUTH DIXIE HIGHWAY, SUITE 1030
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SREBNICH, MICHAEL
Address: 1806 HARBOR POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: MGRM ( ) Delete
Name: ASNIS, BRADLEY
Address: 1789 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SREBNICK, MICHAEL
Address: 1806 HARBOR POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHEAL SREBNICK MGMR 08/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date