


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90160 032 \*\*\*\*50.00

**DOCUMENT # L01000022224**

1. Entity Name  
**LAW OFFICE OF DAVID H. POLLACK, LLC**



Principal Place of Business Mailing Address

~~25 S.E. 2ND AVE. SUITE 1020 MIAMI FL 33131~~ **540 Brickell Key Dr. Suite C-1 Miami, FL 33131**

~~25 S.E. 2ND AVE. SUITE 1020 MIAMI FL 33131~~ **540 Brickell Key Dr. Suite C-1 Miami, FL 33131**

**24010568**



MOORE CR2E083 (11/03)

2. Principal Place of Business 3. Mailing Address

**540 Brickell Key Dr. Suite C-1 Miami**

**540 Brickell Key Dr. Suite C-1 Miami**

City & State: **Miami** City & State: **Miami**

Zip: **33131** Country: **USA** Zip: **33131** Country: **USA**

4. FEI Number **26-6944097** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**POLLACK, DAVID H**  
**25 S.E. 2ND AVE. SUITE 1020 MIAMI FL 33131**  
**540 Brickell Key Dr. Suite C-1 Miami, FL 33131**

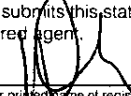
7. Name and Address of New Registered Agent

Name: **David H Pollack**

Street Address (P.O. Box Number is Not Acceptable):  
**540 Brickell Key Dr. Suite C-1**

City: **Miami** State: **FL** Zip Code: **33131**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

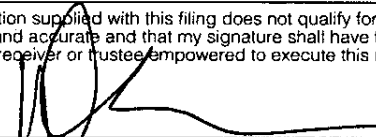
9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>POLLACK, DAVID H</b>	
STREET ADDRESS	<del>25 S.E. 2ND AVE., SUITE 1020 MIAMI FL 33131</del> <b>540 Brickell Key Dr. Suite C-1 Miami, FL 33131</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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