

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90110 050 ****50.00

DOCUMENT # L03000020709

1. Entity Name
KOTZEN & DERNIS, LLC

Principal Place of Business
2450 NE MIAMI GARDENS DR., 2ND FLOOR AVENTURA FL 33180

Mailing Address
2450 NE MIAMI GARDENS DR., 2ND FLOOR AVENTURA FL 33180

2. Principal Place of Business
 Suite, Apt. #. etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #. etc.
 City & State
 Zip Country



MOORE CR2E083 (11/03)

4. FEI Number Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**SCHWARTZ, MICHAEL A
 2514 HOLLYWOOD BLVD, STE. 508
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent
 Name **Matthew C. Kotzen**
 Street Address (P.O. Box Number is Not Acceptable) **2450 N.E. Miami Gardens Drive**
Second Floor
 City **Aventura** FL Zip Code **33180**

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 **Matthew C. Kotzen** DATE **1/21/04**

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOTZEN, MATTHEW C 2450 NE MIAMI GARDENS DR., 2ND FLOOR AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DERNIS, CRAIG 2450 NE MIAMI GARDENS DR., 2ND FLOOR AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Matthew C. Kotzen** DATE **1/21/04** DAYTIME PHONE # **305-752-7717**

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