


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 09, 2004 8:00 am
Secretary of State

03-25-2004 90213 020 ****50.00

DOCUMENT # L03000045506 1. Entity Name GOLDSTEIN, ZUGMAN, WEINSTEIN & POOLE, LLC	
--	---

Principal Place of Business 13450 W SUNRISE BLVD, STE 150 FORT LAUDERDALE, FL 33323	Mailing Address 13450 W SUNRISE BLVD, STE 150 FORT LAUDERDALE, FL 33323
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---



03082004	Chg-LLC	CR2E083 (10/03)
4. FEI Number 20-0453834	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent GOLDSTEIN, IRVING L CPA 13450 W SUNRISE BLVD, STE 150 FORT LAUDERDALE, FL 33323	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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 _____

Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete Irving L. Goldstein CPA PA 13450 West Sunrise Blvd., #150 Sunrise, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete Frederick S. Weinstein CPA PA 4875 N Federal Highway 4th Floor Fort Lauderdale FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete David B. Zugman CPA PA 4874 N Federal Highway, 4th Floor Fort Lauderdale FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete Keenan L. Poole CPA PA 13450 West Sunrise Blvd #150 Sunrise FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete David B. Black CPA PA 13450 West Sunries Blvd., #150 Sunrise FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete Steven M. Borisman CPA PA 4875 N Federal Highway, 4th Floor Fort Lauderdale FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Irving L. Goldstein CPA Date: 3-8-04

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