


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L94000000059**  
 1. Entity Name  
 DAVID MAYER, L.C.



Principal Place of Business 2002 GRANT ST. HOLLYWOOD, FL 33020	Mailing Address 125 N. 46TH AVENUE HOLLYWOOD, FL 33021-6601
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**DO NOT WRITE IN THIS SPACE**



03262004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-1934035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 GOTTLIEB, BRUCE M  
 125 N. 46TH AVENUE  
 HOLLYWOOD, FL 33021-6601

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ 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**

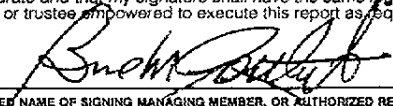
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZIEFER, MAYER 2002 GRANT ST. HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOTTLIEB, BRUCE M 125 N. 46TH AVENUE HOLLYWOOD, FL 33021
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 04/08/04-80025-018 50.00

**DO NOT WRITE IN THIS SPACE**

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:**  **3/26/2004** **(954) 966-7900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #