2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L95000000563

1. Entity Name
NORTH MIAMI BEACH COMMERCE CENTER L.C.

Principal Place of Business	Mailing Address
15499 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162	15499 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162

01132004No Chg-LLC CR2E083 (10/03)

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4. FEI Number
65-0601022
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KURZMAN, JOHN
15499 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33162

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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	MGR
NAME	HOCKHAUSER, PAUL
STREET ADDRESS	1 BAY BLVD
CITY-ST-ZIP	LAWRENCE, NY 11559
TITLE	MGR
NAME	KURZMAN, JOHN
STREET ADDRESS	16496 NE 31 AVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	MGR
NAME	KURZMAN, RHODA
STREET ADDRESS	16496 NE 31 AVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	MGR
NAME	LENARD, JADWIGA
STREET ADDRESS	15499 WEST DIXIE HWY
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Rhoda Kurzman 1/20/04 (305)945-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #