2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000001281

1. Entity Name
ARTY, COHN & FEUER, L.C.

Principal Place of Business	Mailing Address
1150 NW 72 AVE., STE. 760 MIAMI, FL 33126	1150 NW 72 AVE., STE. 760 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

03152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0718930
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARTY, DANIEL
1150 NW 72 AVE., STE. 760
MIAMI, FL 33126

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

Filing Fee is $50.00
Due by May 1, 2004

000000096033
03/25/04-80012-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ARTY, DANIEL
STREET ADDRESS	1150 NW 72 AVE., STE. 760
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGRM
NAME	WEITHORN, JERYL D
STREET ADDRESS	1150 NW 72 AVE., STE. 760
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	MGRM
NAME	MOSKOWITS, JOEL CPA
STREET ADDRESS	1150 N W 72 AVE, STE. 760
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 3/25/04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #