2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

07-08-2004 90011 012 ****50.00
L97000000363

FILED
04 AUG -5 PM 12: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E083 (11/03)

DOCUMENT # L97000000363

1. Entity Name
HANDELMAN INVESTMENT CO., L.C.

Principal Place of Business	Mailing Address
4020 WEST PALM AIRE DRIVE SUITE 507 POMPANO BEACH FL 33069	4020 WEST PALM AIRE DRIVE SUITE 507 POMPANO BEACH FL 33069

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

4. FEI Number 65-0749051 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANDELMAN, LILLIAN
4020 WEST PALM AIRE ~~AVENUE~~ DRIVE
~~SUITE 507~~
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name HANDELMAN LILLIAN
Street Address (P.O. Box Number is Not Acceptable) 4020 WEST PALM AIRE DRIVE
SUITE 507
City POMPANO BEACH FL Zip Code 33069

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)

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	~~MEM~~ MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HANDELMAN, LILLIAN	NAME	
STREET ADDRESS	4020 WEST PALM AIRE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	CITY-ST-ZIP	
TITLE	~~MEM~~ MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HANDELMAN, JOAN	NAME	
STREET ADDRESS	4020 WEST PALM AIRE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Lillian Handelman LILLIAN HANDELMAN 7/1/04 954 975-2599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #