

**2004 LIMITED-LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000515

1. Entity Name
GLANTZ HOLDINGS, L.C.



Principal Place of Business
**5012 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33021**

Mailing Address
**5012 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33021**



03242004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0831312

Applied For
Not Applicable

5. Certificate of Status Desired

X
\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FISCHER, STEVEN P
300 S. PINE ISLAND ROAD, STE. 110
PLANTATION, FL 33324**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000127973
04/26/04-20019-020 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GLANTZ, DANIEL
5012 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GLANTZ, TONI
5012 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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)(j), 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: _____

Daniel Glantz

954-929-4543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #