

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L98000002742

1. Entity Name
STRAUSS REALTY INVESTMENTS, L.L.C.



Principal Place of Business
ATLANTIC PARK GARDENS
APT 111
MARGATE, FL 33063

Mailing Address
400 NW 65TH AVE.
APT. 111
MARGATE, FL 33063

FILED
Jan 16, 2004 08:00 AM
Secretary of State



01142004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
65-0876450

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRAUSS, DAVID N
3299 ST. ANNES DRIVE
BOCA RATON, FL 33496

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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

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

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee Is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STRAUSS, DAVID N
STREET ADDRESS	3299 ST. ANNES DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

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

1/14/04 954-974-1961
Date Daytime Phone #