


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000003266 1. Entity Name 1161 OF DELRAY, LLC.	
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Principal Place of Business P.O. BOX 803 KATONAH, NY 10536	Mailing Address P.O. BOX 803 KATONAH, NY 10536
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DO NOT WRITE IN THIS SPACE

03022004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 13-4066791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LOUIS J. CARBONE, P.A. 65 NE 4TH AVENUE DELRAY BEACH, FL 33483	DO NOT WRITE IN THIS SPACE
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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 _____

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

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~~03/15/04 00000 010 50.00~~

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSNER, CHARLES P.O. BOX 803 KATONAH, NY 10536
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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: <u>Charles Rosner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>3/15/04</u>	Daytime Phone # _____
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