

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000004886

1. Entity Name
1165 OF DELRAY, LLC.



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

Principal Place of Business
PO BOX 803
KATONAH, NY 10536

Mailing Address
PO BOX 803
KATONAH, NY 10536



03022004 No Chg-LLC

GR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4075302

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOUIS J. CARBONE, P.A.
65 NE 4TH AVE
DELRAY BEACH, FL 33483

**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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROSNER, CHARLES
STREET ADDRESS	PO BOX 803
CITY - ST - ZIP	KATONAH, NY 10536

000000089675
03/15/04-80100-022 50.00

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	

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)(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: *Charles Rosner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/4/04

Date

Daytime Phone #