

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90173 006 \*\*\*\*50.00

**DOCUMENT # L9700000151**

1. Entity Name

ENGELBERG & MILGRIM, P.L.



Principal Place of Business

3230 STIRLING ROAD  
 SUITE #1  
 HOLLYWOOD FL 33021

Mailing Address

3230 STIRLING ROAD  
 SUITE #1  
 HOLLYWOOD FL 33021

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

65-0731477

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILGRIM, LAURIE E  
 MORRIS ENGELBERG & LAURIE E. MILGRIM  
 3230 STIRLING ROAD SUITE #1  
 HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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 MGRM  Delete  
 NAME MORRIS ENGELBERG & LAURIE E. MILGRIM, P.A.  
 STREET ADDRESS 3230 STIRLING ROAD  
 CITY-ST-ZIP HOLLYWOOD FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGRM  Delete  
 NAME MORRIS, ENGELBERG  
 STREET ADDRESS 3230 STIRLING ROAD, SUITE #1  
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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 *Laurie E Milgrim, Inc.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/5/04  
 Date

Daytime Phone #