

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 12, 2004 08:00 AM**

*Fina* **Secretary of State**

**DOCUMENT # L00000000093**

1. Entity Name  
138 ORTIZ BOULEVARD, L.L.C.



Principal Place of Business

C/O ROBERT J. UNDI  
138 ORTIZ BLVD.  
VENICE, FL 34287

Mailing Address

C/O HAMILTON COURT EAST RENTAL OFFICE  
3455 STREET ROAD  
BENSALEM, PA 19020



04022004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-3031740

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

UNDI, ROBERT J  
C/O HAMILTON COURT EAST RENTAL OFFICE  
138 ORTIZ BLVD  
VENICE, FL 34287

**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**

000000109170  
04/12/04-80032-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	UNDI, ROBERT J
STREET ADDRESS	3455 STREED ROAD
CITY - ST - ZIP	BENSALEM, PA 19020
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)(f), 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:**

*Robert J. Undi*

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

04/05/04 215-245-4490

Date

Daytime Phone #