2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003699

1. Entity Name
PALEY & GOLDWYN, P.L.

Principal Place of Business	Mailing Address
455 FAIRWAY DRIVE SUITE 104 DEERFIELD BEACH, FL 33441	455 FAIRWAY DRIVE SUITE 104 DEERFIELD BEACH, FL 33441

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01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1004132
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PALEY, GREGG M ESQ.
455 FAIRWAY DRIVE
SUITE 104
DEERFIELD BEACH, FL 33441

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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 _____ 4/22/04
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	MGRM
NAME	GREGG M. PALEY, P.A.
STREET ADDRESS	455 FAIRWAY DRIVE, SUITE 104
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	MGRM
NAME	ANDREW S. GOLDWYN, P.A.
STREET ADDRESS	455 FAIRWAY DRIVE, SUITE 104
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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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: _____ 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #