

**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.	
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Principal Place of Business 455 FAIRWAY DRIVE SUITE 104 DEERFIELD BEACH, FL 33441	Mailing Address 455 FAIRWAY DRIVE SUITE 104 DEERFIELD BEACH, FL 33441
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DO NOT WRITE IN THIS SPACE



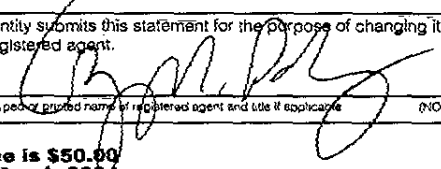
01062004 No Chg-LLC CR2E083 (10/03)

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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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:  DATE: 4/22/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

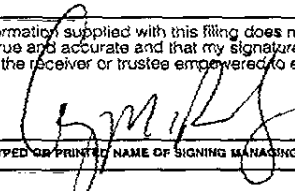
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREGG M. PALEY, P.A. 455 FAIRWAY DRIVE, SUITE 104 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANDREW S. GOLDWYN, P.A. 455 FAIRWAY DRIVE, SUITE 104 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/27/04-80017-004 50.00

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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:  DATE: 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #