

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 FEB 12 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM



01212004 No Chg-LLC

CR2E083 (10/03)

2/12

4. FEI Number  
65-1004489

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SIROP, KEVIN M  
730 WEST MCNAB ROAD  
FORT LAUDERDALE, FL 33309

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ELLMAN, J. LEON  
730 WEST MCNAB ROAD  
FORT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ELLMAN, NEIL  
730 WEST MCNAB ROAD  
FORT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ELLMAN, LANCE  
730 WEST MCNAB ROAD  
FORT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MILLER, PHILLIP  
7101 E. TELEGRAPH ROAD  
MONTEBELLO, CA 90640

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MILLER, LAWRENCE  
7101 E. TELEGRAPH ROAD  
MONTEBELLO, CA 90640

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600028651706  
02/12/04--01038--005 \*\*1100.00

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:

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

Kevin Sirop

1/21/04

Date

954-968-2333

Daytime Phone #