

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000005583

**FILED**  
**Feb 07, 2004**  
**Secretary of State**

**Entity Name:** ABRAMS AND AFFILIATES LLC

**Current Principal Place of Business:**

C/O PHILLP ABRAMS  
911 S OCEAN BLVD APT 2C  
BOCA RATON, FL 33432

**New Principal Place of Business:**

C/O PHILIP ABRAMS  
5580 D COACH HOUSE CIRCLE  
BOCA RATON, FL 33486

**Current Mailing Address:**

C/O PHILLP ABRAMS  
911 S OCEAN BLVD APT 2C  
BOCA RATON, FL 33432

**New Mailing Address:**

PHILIP ABRAMS  
5580 D COACH HOUSE CIRCLE  
BOCA RATON, FL 33486

**FEI Number:** 65-1008374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABRAMS, PHILIP  
911 S OCEAN BLVD APT 2C  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

ABRAMS, PHILIP  
5580 D COACH HOUSE CIRCLE  
BOCA RATON, FL 33486 US

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.

SIGNATURE: \_\_\_\_\_

02/07/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ABRAMS, PHILIP  
Address: 911 S OCEAN BLVD APT 2C  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ABRAMS, PHILIP  
Address: 5580 D COACH HOUSE CIRCLE  
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PHILIP ABRAMS

MGRM

02/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date