


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90100 021 \*\*\*\*50.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # L00000008803</b>   |   |  |  |  |  |
| <b>1. Entity Name</b><br>E.C. GOLDIN ENTERPRISES, LLC  |   |  |  |   |  |
| <b>Principal Place of Business</b><br>1515 RINGLING BLVD., SUITE 890<br>SARASOTA, FL 34236   |   |  | <b>Mailing Address</b><br>1515 RINGLING BLVD., SUITE 890<br>C/O GEIMER<br>SARASOTA, FL 34236 |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>                                    |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  |   |  |
| Zip  | Country   | Zip  | Country  | 01142004    Chg-LLC    CR2E083 (10/03)  |  |
| <b>4. FEI Number</b><br>65-1049132   |   |  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |  |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>7. Name and Address of New Registered Agent</b>   |   |  |
| HENDRICKSON, ROBERT W III<br>1206 MANATEE AVE., WEST<br>BRADENTON, FL 34205  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code        |   |  |
| <b>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.</b>   |   |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |   |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br>YUZPE, GAIL<br>304 WATERSTONE PL<br>LONDON ONTARIO N6H 5N2, |  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |   |  |
| <b>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.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b> <i>Gail Yuzpe</i>  |   |  | Date: <i>Feb 17, 2004</i>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Daytime Phone #  |   |  |