

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90002 012 ****50.00

DOCUMENT # L00000014286

1. Entity Name

MAIN LINE INVESTMENTS GROUP, L.C.



Principal Place of Business

**19480 SAWGRASS DRIVE, UNIT 1701
BOCA RATON FL 33434**

Mailing Address

**19480 SAWGRASS DRIVE, UNIT 1701
BOCA RATON FL 33434**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1058493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



MOORE

CR2E083 (4/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHLOMCHIK, SEYMOUR M.D.
19480 SAWGRASS DRIVE, UNIT 1701
BOCA RATON FL 33434**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **SHLOMCHIK, SEYMOUR M.D.**
STREET ADDRESS **19480 SAWGRASS DRIVE, UNIT 1701**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **SHLOMCHIK, MARK M.D.**
STREET ADDRESS **27 FOX DEN WAY**
CITY-ST-ZIP **WOODBRIIDGE CT 06525**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **SHLOMCHIK, WARREN M.D.**
STREET ADDRESS **50 HARBOUR VIEW PLACE**
CITY-ST-ZIP **STRATFORD CT 06615**

TITLE **MGR** ☒ Change ☐ Addition
NAME **SHLOMCHIK, WARREN M.D.**
STREET ADDRESS **9 HITCHCOCK R.D.**
CITY-ST-ZIP **WESTPORT CT 06880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/31/04

Date

561-483-0572

Daytime Phone #