

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000000046**

1. Entity Name  
**ARDEN ADVISORS, LLC**



Principal Place of Business  
**17058 WHITEHAVEN DRIVE  
BOCA RATON, FL 33496**

Mailing Address  
**17058 WHITEHAVEN DRIVE  
BOCA RATON, FL 33496**

**DO NOT WRITE IN THIS SPACE**



07262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65:1064267**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STEINBERG, LAWRENCE B ESQ.  
700 S FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432**

**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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

U00000171108  
08/30/04-80004-009 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
STEINBERG, SHERRYL F  
5855 PADDINGTON WAY  
BOCA RATON, FL 33496**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
GREENSPOON, GAIL  
5855 PADDINGTON WAY  
BOCA RATON, FL 33496**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

**SIGNATURE:** *[Signature]*

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

*July 26/04* **561-306-1131**  
Date Daytime Phone #