2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Feb 02, 2004 08:00 AM DOCUMENT # L01000002053 **Secretary of State** 1. Entity Name ZEIGNER ASSOCIATES II, L.L.C. Mailing Address Principal Place of Business C/O ESWARD GOTTLIEB 4447 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 C/O ESWARD GOTTLIEB 4447 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 22-3781816 Not Applicable Zιρ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOTTLIEB, EDWARD Street Address (P.O. Box Number is Not Acceptable) 4447 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 Zip Code City 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, typod or printed name of registered agent and ritle if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR Detete THE Change Addition NAME GOTTLIEB, ED NAME U00000024547 STREET ADDRESS 4447 HOLLYWOOD BLVD STREET ADDRESS 02/02/04-80071-005 **50.00** CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-7(P TITLE ☐ Delete BBE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THEE Delete Change ☐ Addition MARKE MARKE STREET ADDRESS STREET ADDRESS CATY-ST-ZAP CITY-ST-ZIP TITLE Detete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete Addition TIBE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY +S7-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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.

**FILED** 

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