2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000011517

1. Entity Name
CUDMORE GIMELSTOB, L.L.C.

Principal Place of Business
2300 N.W. CORPORATE BLVD., SUITE 222
C/O GIMELSTOB ENTERPRISES, INC.
BOCA RATON, FL 33431

Mailing Address
2300 N.W. CORPORATE BLVD., SUITE 222
C/O GIMELSTOB ENTERPRISES, INC.
BOCA RATON, FL 33431

01072004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1142974
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EPSTEIN, WILLIAM L
2300 N.W. CORPORATE BLVD., SUITE 222
C/O GIMELSTOB ENTERPRISES, INC.
BOCA RATON, FL 33431

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000116333
04/16/04-80060-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CUDMORE, TERENCE R
STREET ADDRESS	8075 TWIN LAKE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	MGR
NAME	HOPIN, MARC D
STREET ADDRESS	2300 N.W. CORPORATE BLVD., SUITE 222
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	CUDMORE, BRIAN J
STREET ADDRESS	2304 N.W. 67TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	MGR
NAME	GIMELSTOB, HERBERT
STREET ADDRESS	2300 N.W. CORPORATE BLVD., SUITE 222
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	EPSTEIN, WILLIAM L
STREET ADDRESS	2300 N.W. CORPORATE BLVD., SUITE 222
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	CUDMORE, JULIE
STREET ADDRESS	8075 TWIN LAKE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

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: WILLIAM L. EPSTEIN 4/5/04 561-997-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #