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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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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: Will Epstein 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 #