

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014597

FILED  
Apr 21, 2004  
Secretary of State

**Entity Name:** GOODE, MEDVIN & WEISSMAN, LLC

**Current Principal Place of Business:**

6330 SW 41ST COURT  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

6330 SW 41ST COURT  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 65-1133381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDREW L. MANN, P.A.  
4300 N. UNIVERSITY DR., #C-203  
FT LAUDERDALE, FL 33351 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MEDVIN, ANDREW R  
Address: 6330 SW 41 CT  
City-St-Zip: DAVIE, FL 33314

Title: MGR ( ) Delete  
Name: GOODE, LOWELL  
Address: 6330 SW 41 CT  
City-St-Zip: DAVIE, FL 33314

Title: MGR ( ) Delete  
Name: WEISSMAN, LEE M  
Address: 6330 SW 41 CT  
City-St-Zip: DAVIE, FL 33314

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANDREW R MEDVIN

MGR

04/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date