
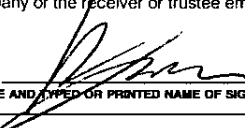


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90273 010 *****50.00

DOCUMENT # L01000019815 1. Entity Name P&R DEVELOPMENTS LLC					
Principal Place of Business 5975 NW 97 DRIVE PARKLAND, FL 33076			Mailing Address 5975 NW 97 DRIVE PARKLAND, FL 33076		
2. Principal Place of Business 3300 N. UNIVERSITY DR.		3. Mailing Address 3300 N. UNIVERSITY DR.			
Suite, Apt. #, etc. 308		Suite, Apt. #, etc. 308			
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL		4. FEI Number 65-1152631	
Zip 33065		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZER, ISHAC 5975 NW 97 DRIVE PARKLAND, FL 33076			7. Name and Address of New Registered Agent Name RIZER, ISHAC Street Address (P.O. Box Number is Not Acceptable) 3300 N. UNIVERSITY DR. SUITE # 308 City CORAL SPRINGS, FL Zip Code 33065		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIZER, ISHAC 5975 NW 97 DRIVE PARKLAND, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNG RIZER, ISHAC 3300 N. UNIVERSITY DR. SUITE # 308 CORAL SPRINGS FL 33065
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECONOMIC ANALYSIS YARON PINCHAS 3300 N. UNIVERSITY DR. SUITE # 308 CORAL SPRINGS FL 33065		
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		ISHAC RIZER		04/05/04	(954) 575-0083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	