



2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

04 OCT 29 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000019815					
1. Entity Name P&R DEVELOPMENTS LLC					
Principal Place of Business 3300 N. UNIVERSITY DR #308 CORAL SPRINGS, FL 33065		Mailing Address 3300 N. UNIVERSITY DR #308 CORAL SPRINGS, FL 33065			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		10072004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-1152631				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZER, ISHAC 3300 N. UNIVERSITY DR #308 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name: <u>RICHARD S. BILLINGER</u> Street Address (P.O. Box Number is Not Acceptable): <u>3300 UNIVERSITY DR #901</u> City: <u>Coral Springs</u> FL Zip Code: <u>33065</u>	
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>10/2/04</u>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME RIZER, ISHAC STREET ADDRESS 3300 N. UNIVERSITY DR #308 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE MANAGING MEMBER NAME ISHAC RIZER STREET ADDRESS 3300 UNIVERSITY DR #308 CITY-ST-ZIP CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ECA NAME PINCHAS, YARON STREET ADDRESS 3300 N. UNIVERSITY DR #308 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE MANAGING MEMBER NAME YARON, PINCHAS STREET ADDRESS 3300 UNIVERSITY DR #308 CITY-ST-ZIP 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	<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	
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: <u>[Signature]</u> <u>Ishac Rizer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>10/8/04</u> Daytime Phone #: <u>954-575-0083</u>		