


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000019859</b> 1. Entity Name ARNOLD S. GOLDSTEIN & ASSOCIATES, LLC	
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Principal Place of Business 2500 N. MILITARY TR. #260 BOCA RATON, FL 33431 US	Mailing Address 2500 N. MILITARY TR. #260 BOCA RATON, FL 33431 US
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03292005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1156510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  GOLDSTEIN, MARLENE 2500 N. MILITARY TR. #260 BOCA RATON, FL 33431
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

U000000324716  
04/22/05-80107-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDSTEIN, ARNOLD S 2500 N. MILITARY TR. #260 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDSTEIN, MARLENE 2500 N. MILITARY TR. #260 BOCA RATON, FL 33431
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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:**  **4/15/05** **561-953 1009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
*Marlene Goldstein*