


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90493 020 \*\*\*\*50.00

<b>DOCUMENT # L01000021735</b>	
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<b>1. Entity Name</b> SCHONFELD & SONS, L.L.C.
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<b>Principal Place of Business</b> 18305 BISCAYNE BLVD., SUITE 304 AVENTURA, FL 33180	<b>Mailing Address</b> 18305 BISCAYNE BLVD., SUITE 304 AVENTURA, FL 33180
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<b>2. Principal Place of Business</b> 3331 NW 168 ST Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3331 NW 168 ST Suite, Apt. #, etc.
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<b>City &amp; State</b> MIAMI, FL	<b>City &amp; State</b> MIAMI, FL
<b>Zip</b> 33056	<b>Zip</b> 33056
<b>Country</b> USA	<b>Country</b> USA

<b>6. Name and Address of Current Registered Agent</b> SCHONFELD, DAVID 18305 BISCAYNE BLVD STE 304 AVENTURA, FL 33160
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<b>7. Name and Address of New Registered Agent</b> Name: SCHONFELD, DAVID Street Address (P.O. Box Number is Not Acceptable): 3331 NW 168 ST City: MIAMI FL Zip Code: 33056
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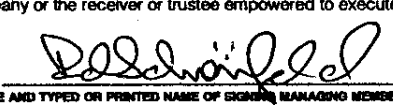
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>
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<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> SCHONFELD, DAVID 18305 BISCAYNE BLVD., SUITE 304 AVENTURA, FL 33180 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> SCHONFELD, ELIZABETH 18305 BISCAYNE BLVD., SUITE 304 AVENTURA, FL 33180 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

<b>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 609, Florida Statutes.</b>
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<b>SIGNATURE:</b> 	<b>3/30/04</b>	<b>305 474-8889</b>
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02162004 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 22-3050110	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>7. Name and Address of New Registered Agent</b> Name: SCHONFELD, DAVID Street Address (P.O. Box Number is Not Acceptable): 3331 NW 168 ST City: MIAMI FL Zip Code: 33056
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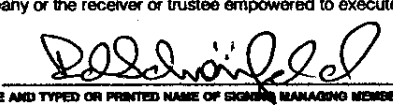
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<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> SCHONFELD, DAVID 3331 NW 168 ST MIAMI, FL 33056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> SCHONFELD, ELIZABETH 3331 NW 168 ST MIAMI, FL 33056 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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