2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000022503

MICHELLE A. WEINSTEIN, LLC

Principal Place of Business

4300 N. UNIVERSITY DRIVE

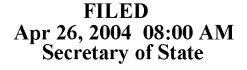
SUITE A-106 FT. LAUDERDALE, FL 33351

Mailing Address

4300 N. UNIVERSITY DRIVE

SUITE A-106

FT. LAUDERDALE, FL 33351





04012004 No Chg-LLC

CR2E083 (10/03)

Fee Required

Daytime Phone #

4.	FEI Number				Applied For
	NOT APPLICABLE				Not Applicable
_	Cartificate of Status Basicad		\$5.0	0 /	Additional

6. Name and Address of Current Registered Agent

LEVINE & SEGAUL, P.A. 4300 N. UNIVERSITY DRIVE SUITE A-106 FT. LAUDERDALE, FL 33351

SIGNATURE:

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IN	THIS	SS	P	4(Œ

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	named entity submits this statement for the purpose of char ions of registered agent	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE						
Fi D	iling Fee is \$50.00 ue by May 1, 2004					
9.	MANAGING MEMBERS/MANAGERS					
TITLE Name Street address City-St-Zip	MGRM LEVINE, LAWRENCE A STE A-106 4300 N UNIVERISTY DR FT. LAUDERDALE, FL 33351					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000131678 04/27/04-90015-013 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby c indicated limited liab	ertify that the information supplied with this filling fides not of on this report is true and accounts and that profit in the shall be supplied to execute and the profit of the shall be supplied to execute and the shall be supplied to execute the shall be supplied to execute the shall be s	ualify for the exemption stated in Section 119.07(3) all have the same legal effect as if made under oat ute this report as required by Chapter 608, Florida	(f), Florida Statutes. I further certify that the information h; that I am a managing member or manager of the Statutes.			

ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE