## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L02000006048**

1. Entity Name

MORGENTHAU CAPITAL ADVISORS, LLC



**FILED** Apr 07, 2004 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

ONE FINANCIAL PLAZA, 100 S.E. THIRD AVE.

**SUITE 2504** 

**SUITE 2504** 

ONE FINANCIAL PLAZA, 100 S.E. THIRD AVE.

FT. LAUDERDALE, FL 33394 FT. LAUDERDALE, FL 33394



01062884 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0655431	 Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MORGENTHAU, ANTHONY R

ONE FINANCIAL PLAZA, STE. 2504 100 S.E. THIRD AVE.

## DO NOT WRITE IN THIS COACE

FT. LAUDE	ERDALE, FL 33394	***	I I III SPACE
8. The above the obligat	named entity submits this statement for the purpose of changions of registered agent.	ping its registered office or registered agent,	or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable.	(NOTE, Registered Agent signature required when reinstell	ng) DATE
FI	iling Fee is \$50.00 ue by May 1, 2004		000000104913 04/07/04-80003-023-50_00
9.	MANAGING MEMBERS/MANAGERS		
TRILE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGENTHAU, ANTHONY R ONE FINANCIAL PLAZA, STE 2504 FORT LAUDERDALE, FL 33394		
TITLE	MGR		
NAME	ANDZEL, RICHARD		
STREET ADDRESS CITY-ST-ZIP	ONE FINANCIAL PLAZA, STE 2504 FORT LAUDERDALE, FL 33394		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			O NOT WRITE
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NAME STREET ADDRESS			
CRY-ST-ZIP			
TITLE NAME			<u></u>
STREET ADDRESS CITY-ST-ZIP			
TITLE			
NAME	Service Control of the Control of th		
STREET ADDRESS			
CITY ST-ZIP	1		

11. I hereby certify that the information supplied with this filling 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:** SIGNATURE AND TYPED OR PRINTED NAM

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE