

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010979

FILED
Mar 25, 2004
Secretary of State

Entity Name: A & K ASSOCIATES, LLC

Current Principal Place of Business:

2201 CORPORATE BLVD. N.W., STE. 200
BOCA RATON, FL 33431

New Principal Place of Business:

1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

Current Mailing Address:

2201 CORPORATE BLVD. N.W., STE. 200
BOCA RATON, FL 33431

New Mailing Address:

1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

FEI Number: 71-0883288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFREY A. DEUTCH, P.A.
7777 GLADES RD., STE. 300
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ALTMAN, JOEL L
Address: 2201 CORPORATE BLVD., NW, #200
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: KESSLER, DAVID J
Address: 855 SOUTH FEDERAL HIGHWAY E113
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALTMAN, JOEL L
Address: 1515 SOUTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOEL L. ALTMAN

MGR

03/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date