

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011066

FILED
Feb 24, 2004
Secretary of State

Entity Name: BIENENFELD, LASEK & STARR, LLC

Current Principal Place of Business:

1000 CORPORATE DR
SUITE 110
FT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

1000 CORPORATE DR.
SUITE 110
FT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 02-0603799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDELMAN, KENNETH
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: MGRM () Delete
Name: BIENENFELD, HOWARD N
Address: 1000 CORPORATE DR STE 110
City-St-Zip: FT,LAUDERDALE, FL 33334

Title: MGR () Delete
Name: LASEK, CAROL
Address: 1000 CORPORATE DR. STE 110
City-St-Zip: FT.LAUDERDALE, FL 33334

Title: MGR () Delete
Name: STARR, MITCHELL
Address: 1000 CORPORATE DR. STE 110
City-St-Zip: FT.LAUDERDALE, FL 33334

ADDITIONS/CHANGES:

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

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

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: HOWARD N. BIENENFELD

MGMR

02/24/2004

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