2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# L02000011066

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 BIENENFELD MGRM 02/03/2005

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