

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90196 027 ****50.00

DOCUMENT # L02000012224

1. Entity Name

M & S REAL ESTATE DEVELOPMENT CO. LLC



Principal Place of Business

**23423 SERENE MEADOW DR. S.
BOCA RATON FL 33428**

Mailing Address

**23423 SERENE MEADOW DR. S.
BOCA RATON FL 33428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **01-0736786**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHULMAN, NORMAN
23423 SERENE MEADOW DR. S.
BOCA RATON FL 33428**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MARGOWB MARIO** *Incorrect Spelling*
STREET ADDRESS **4801 W HILLSBORO BLVD.**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Margone Mario**
STREET ADDRESS **4801 W. Hillsboro Blvd.**
CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE **MGR** ☐ Delete
NAME **SCHITMAN NORMAN** *Incorrect Spelling*
STREET ADDRESS **12375 W SAMPLE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Schulman, Norman**
STREET ADDRESS **12375 W. Sample Rd**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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 NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Norman Schulman **NORMAN SCHULMAN** *2/17/04* **5614774105**