

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000023916**

1. Entity Name  
**MOSKOWITZ & DENNIS, P.L.L.C.**



Principal Place of Business  
**3111 STIRLING ROAD, SUITE C-303  
FT. LAUDERDALE, FL 33312**

Mailing Address  
**3111 STIRLING ROAD, SUITE C-303  
FT. LAUDERDALE, FL 33312**



04062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>55-0797812</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MOSKOWITZ, LARRY  
3111 STIRLING ROAD, SUITE C-303  
FT. LAUDERDALE, FL 33312**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSKOWITZ, LARRY 3111 STIRLING ROAD, SUITE C-303 FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENNIS, KEVIN B 3111 STIRLING ROAD, SUITE C-303 FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000302770  
04/13/05-80084-024 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

*Larry Moskowitz* 4/7/05 954-963-9191

Date

Daytime Phone #