


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

07-16-2004 90142 013 ****50.00

DOCUMENT # L02000024640		
1. Entity Name DELRAY NORTH, L.L.C.		

34009894

Principal Place of Business 3910 N. 56TH AVENUE SUITE 103 HOLLYWOOD, FL 33021 US	Mailing Address 3910 N. 56TH AVENUE SUITE 103 HOLLYWOOD, FL 33021 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07092004 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
PEARLMAN, PHILIP 3910 N. 56TH AVENUE SUITE 103 HOLLYWOOD, FL 33021	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR PEARLMAN, PHILIP 3910 N. 56TH AVENUE, SUITE 103 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Philip Pearlman** 7/12/04 (954) 893-3983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
3400 9891
DELRAY NORTH, L.L.C.
3910 N. 56TH AVENUE, SUITE 103
HOLLYWOOD, FL 33021
(954) 893-3983 Fax (954) 893-3982

August 11, 2004

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: L02000024640
Delray North, L.L.C.

Attention: Annual Reports Section:

We are in receipt of your letter dated, July 20, 2004, and per your request with regard to the above-named entity, enclosed please find a photocopy of the Application for Employer Identification Number (dated stamped on the reverse side by I.R.S. as having been received).

Very truly yours,


Philip Pearlman, AIA
Managing Partner

PP/lm

Enclosures: 1

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested:

DELRAY NORTH, LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

PHILIP PEARLMAN

4a Mailing address (room, apt., suite no. and street, or P.O. box)

3910 N. 56TH AVE. #103

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

HOLLYWOOD, FLORIDA 33021

5b City, state, and ZIP code

6 County and state where principal business is located

BROWARD - FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustee

PHILIP PEARLMAN

7b SSN, ITIN, or EIN

051-26-5082

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)☒ Partnership☐ Corporation (enter form number to be filed) ▶☐ Personal service corp.☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶☒ Other (specify) ▶ LLC☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Trust (SSN of grantor)☐ National Guard☐ State/local government☐ Farmers' cooperative☐ Federal government/military☐ REMIC☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶REAL ESTATE DEVELOPMENT☐ Hired employees (Check the box and see line 12.)☐ Compliance with IRS withholding regulations☐ Other (specify) ▶☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

JAN. 5, 2004

11 Closing month of accounting year

DECEMBER12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶

Agricultural

Household

Other

14 Check one box that best describes the principal activity of your business.

☐ Construction☐ Rental & leasing☐ Transportation & warehousing☒ Real estate☐ Manufacturing☐ Finance & insurance☐ Health care & social assistance☐ Wholesale-agent/broker☐ Accommodation & food service☐ Wholesale-other☐ Retail☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

DEVELOPMENT OF REAL ESTATE16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶

PHILIP PEARLMAN, member

Signature ▶

[Signature]

Date ▶

1/28/04

Applicant's telephone number (include area code)

(954) 893-3983

Applicant's fax number (include area code)

(954) 893-3982