


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000025542</b> 1. Entity Name G&A, L.L.C.	
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Principal Place of Business 4360 SILVER GLEN DR. WELLINGTON, FL 33467	Mailing Address 4360 SILVER GLEN DR. WELLINGTON, FL 33467
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**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDFARB, JAY I  
4360 SILVER GLEN DR.  
WELLINGTON, FL 33467

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GOLDFARB, BERRI N 4360 SILVER GLEN DR. WELLINGTON, FL 33467
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01/26/04-80023-007 55.00

**DO NOT WRITE  
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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)(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:**  **1/19/04 561-252-0443**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #