2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Feb 02, 2004 08:00 AM DOCUMENT # L02000028354 **Secretary of State** 1. Entity Name GEDULD CAPITAL MANAGEMENT, LLC Mailing Address Principal Place of Business 19495 BISCAYNE BOULEVARD STE. 608 AVENTURA FL 33180 19495 BISCAYNE BOULEVARD STE. 608 AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEDULD, STEVEN C 19495 BISCAYNE BOULEVARD STE. 608 Street Address (P.O. Box Number is Not Acceptable) AVENTURA FL 33180 City 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 it applicable (NOTE, Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TETLE ☐ Delete TITLE ☐ Change Addition NAME GEDULD, STEVEN C NAME 19495 BISCAYNE BOULEVARD STE. 608 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180 CITY-ST-ZIP TITLE ☐ Defete TIRLE ☐ Change Addition NAME NAME 000000025871 02/02/04-80121-024 50.00 STREET ADDRESS STREET ADDRESS CITY-ST-702 CHY-ST-78 TITLE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Defete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change Addition RELEC MASSE STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS C8Y-SY-382 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)(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.

**FILED** 

Steven Godust 1/29/C4 35-446-4414