


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90007 033 \*\*\*\*55.00

<b>DOCUMENT # L03000003336</b>		
1. Entity Name <b>FAMCO ACQUISITION COMPANY, LLC</b>		

Principal Place of Business <b>2101 N.W. CORPORATE BLVD., SUITE 414 BOCA RATON FL 33431</b>	Mailing Address <b>2101 N.W. CORPORATE BLVD., SUITE 414 BOCA RATON FL 33431</b>
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2. Principal Place of Business	3. Mailing Address <b>PO Box 667126</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State <b>Pompano Beach, FL.</b>
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Zip	Country	Zip <b>33066</b>	Country <b>USA</b>
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MOORE CR2E083 (11/03)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>POLLOCK, KENNETH S ESQ. C/O NEWMAN, POLLOCK &amp; KLEIN, LLP 2101 N.W. CORPORATE BLVD., SUITE 414 BOCA RATON FL 33431</b>
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7. Name and Address of New Registered Agent Name <b>Irwin J. Newman</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 S. Federal Hwy #350</b> City <b>Pompano Beach</b> FL Zip Code <b>33062</b>
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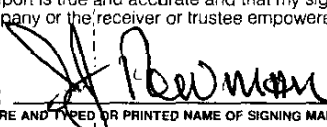
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Irwin J. Newman, Esq.** **4-26-04**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FAMCO HOLDING COMPANY, INC. 2200 N.W. 32ND STREET, SUITE 1200 POMPAÑO BEACH FL 33069</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Irwin J. Newman** **4-26-04 (954) 818-3058**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #