


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90192 018 ****50.00

DOCUMENT # L03000004304

1. Entity Name
MIAMI GARDENS OUT PARCEL ACQUISITION, LLC



Principal Place of Business Mailing Address

OLD MILL PLAZA, STE. A **OLD MILL PLAZA, STE. A**
2100 HIGHWAY 35 **2100 HIGHWAY 35**
SEA GIRT, NJ 08750 **SEA GIRT, NJ 08750**

24011474

2. Principal Place of Business 3. Mailing Address

Miami Gardens Out Parcel **Wharton Realty Group**

Suite, Apt. #, etc. Suite, Apt. #, etc.

8 Industrial way East 2nd fl **8 Industrial way E, 2nd floor**



01232004 Chg-LLC CR2E083 (10/03)

City & State City & State

Eatontown NJ **Eatontown NJ**

Zip Country Zip Country

07704 **07704**

4. FEI Number Applied For

13-4235428 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ANSBACHER, LEWIS ESQ
C/O ANSBACHER & SCHNEIDER
5150 BELFORT ROAD SOUTH
JACKSONVILLE, FL 32256

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 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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member <input type="checkbox"/> Delete Daniel Massry 8 Industrial way East 2nd floor Eatontown NJ 07704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member <input type="checkbox"/> Delete Mark Massry 8 Industrial way East 2nd floor Eatontown NJ 07704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member <input type="checkbox"/> Delete Isaac Massry 8 Industrial way E. 2nd fl Eatontown NJ 07704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Daniel Massry* 2/17/04 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE