

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90316 032 \*\*\*\*50.00

**34001456**

**DOCUMENT # L03000005266**

1. Entity Name  
**CONTEMPORARY CONCEPTS L.C.**



Principal Place of Business  
**5801 NORTH CONGRESS AVENUE  
BOCA RATON, FL 33487**

Mailing Address  
**5801 NORTH CONGRESS AVENUE  
BOCA RATON, FL 33487**

2. Principal Place of Business

**5801 Congress Avenue**  
Suite, Apt. #, etc.

3. Mailing Address

**5801 Congress Avenue**  
Suite, Apt. #, etc.



01122004 Chg-LLC CR2E083 (10/03)

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

4. FEI Number

**20-0080000**

Applied For

Not Applicable

Zip

**33487**

Country

Zip

**33487**

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MOMBACH, GEOFFREY S.  
500 EAST BROWARD BLVD., SUITE 1950  
MOMBACH, BOYLE & HARDIN, P.A.  
FORT LAUDERDALE, FL 33394**

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 releasing)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete

NAME

**ERIC WOLF**

STREET ADDRESS

**5801 CONGRESS AVENUE**

CITY-ST-ZIP

**BOCA RATON, FL 33487**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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 606, Florida Statutes.

**SIGNATURE:**

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

**2/11/04**

Date

**561-860-9454**

Daytime Phone #