


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008882		
1. Entity Name FLORIDA RESOURCES & DEVELOPMENT, L.L.C.		

FILED

2004 OCT 11 PM 4:43

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business 1428 BRICKELL AVENUE, PH MIAMI, FL 33131		Mailing Address 1428 BRICKELL AVENUE, PH MIAMI, FL 33131	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07082004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**38-3676470**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent MANASTER, JOSHUA D ESQ 1428 BRICKELL AVENUE, PH MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MANAGER MANFRED RECHTSMAN 5055 COLLINS AVE. MIAMI BEACH, FL 33140</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>700041780867 10/11/04--01049--024 **155.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MANAGER JEROME DEUTSCH 105 OLD CORNER CAMP BEDFORD, N.Y. 10506</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:

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

Date

Daytime Phone #

*Jim Deutch* Manager

10/14/04 212 593 4700