


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000011299

1. Entity Name
MICHAEL L. TENZER, P.L.L.C.



Principal Place of Business Mailing Address

1323 SE 4TH AVENUE 1323 SE 4TH AVENUE
 FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE



04192005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 51-0454353 Not Applicable

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

6. Name and Address of Current Registered Agent

TENZER, MICHAEL L
 1323 SE 4TH AVENUE
 FT. LAUDERDALE, FL 33316

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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 May 1, 2005

U00000322218
 04/22/05-80004-018 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|--------------------------|
| TITLE | MGRM |
| NAME | TENZER, MICHAEL L MGRM |
| STREET ADDRESS | 1323 SE 4 AVE. |
| CITY - ST - ZIP | FT. LAUDERDALE, FL 33316 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Michael L. Tenzer* 4/20/05 954-468-3060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date DayTime Phone #