


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90278 029 \*\*\*\*\*50.00

**DOCUMENT # L03000012564**  
1. Entity Name  
**BLUMENTHAL PROPERTIES, LLC**



Principal Place of Business: **C/O DAVID BLUMENTHAL  
10805 SW 88TH ST.  
MIAMI FL 33176**

Mailing Address: **C/O DAVID BLUMENTHAL  
10805 SW 88TH ST.  
MIAMI FL 33176**

2. Principal Place of Business: Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip



MOORE CR2E083 (11/03)

4. FEI Number: **59-0579281**

5. Certificate of Status Desired:  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent:  
**BLUMENTHAL, DAVID  
10805 SW 88TH ST.  
MIAMI FL 33176**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating)

**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	MGR BLUMENTHAL, DAVID 10805 SW 88TH ST. MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: *David Blumenthal* Date: 3/29/04 Daytime Phone #: 305 409 7752  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE