2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 11, 2004 8:00 am
Secretary of State
02-02-2004 90207 039 ****50.00

DOCUMENT # L03000014689

1. Entity Name
B & Z ELINOFF REALTY, LLC

Principal Place of Business	Mailing Address
16032 LOMOND HILLS TRAIL 123 DELRAY BEACH, FL 33446 US	16032 LOMOND HILLS TRAIL 123 DELRAY BEACH, FL 33446 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

34000601

01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number — Applied For / [X] Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELINOF, BERNARD 16032 LOMOND HILLS TRAIL 123 DELRAY BEACH, FL 33446	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 Bernard Elinoff
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER BERNARD ELINOFF 16032 LOMOND HILLS TRAIL DELRAY BEACH FL 33446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(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: Bernard Elinoff Jan 27 2004 561 496 6920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Add. Info Feb 7, 2004