

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90431 002 \*\*\*\*50.00

**DOCUMENT # L03000014920**

1. Entity Name  
**GEIGER & CHU DESIGN GROUP, L.L.C.**



Principal Place of Business  
**145 CALLE LARGO  
HOLLYWOOD, FL 33021**

Mailing Address  
**145 CALLE LARGO  
HOLLYWOOD, FL 33021**

**24021049**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

**55-08 30162**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NICHOLLS, GREGG E  
1900 NW CORPORATE BLVD  
#400E  
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name **Denise Chu**

Street Address (P.O. Box Number is Not Acceptable)

**224 SE 10th Ave**

**City: Pompano Beach FL**

Zip Code **33060**

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

*Denise Chu* **Denise Chu**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-10-04**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **GEIGER, RACHAEL**  
STREET ADDRESS **145 CALLE LARGO**  
CITY- ST- ZIP **HOLLYWOOD, FL 33021**

TITLE **MGRM** ☐ Delete  
NAME **CHU, DENISE**  
STREET ADDRESS **224 SE 10TH AVE**  
CITY- ST- ZIP **POMPANO BEACH, FL 33060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
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CITY- ST- ZIP

TITLE ☐ Delete  
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CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:**

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

Date

Daytime Phone #

**3/10/04**

**954-941 0609**