

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90108 049 \*\*\*\*50.00

**DOCUMENT # L03000016853**

1. Entity Name  
**KAHAN & ASSOCIATES, P.L.**



Principal Place of Business

~~20975 PINAR TRAIL~~  
~~BOCA RATON, FL 33433~~

Mailing Address

~~20975 PINAR TRAIL~~  
~~BOCA RATON, FL 33433~~

2. Principal Place of Business

**1800 N.W. Corporate Blvd.**

3. Mailing Address

**1800 N.W. Corporate Blvd.**

Suite, Apt. #, etc.  
**Suite 102**

Suite, Apt. #, etc.  
**Suite 102**

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

Zip  
**33431**

Country  
**U.S.A.**

Zip  
**33431**

Country  
**U.S.A.**

01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**55-0830122**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~CORPORATE CREATIONS NETWORK INC.~~  
~~44000 PROSPERITY FARMS RD. #221E~~  
~~PALM BEACH GARDENS, FL 33410~~

7. Name and Address of New Registered Agent

Name **Brian A. Kahan**

Street Address (P.O. Box Number is Not Acceptable)  
**1800 N.W. Corporate Blvd.**

**Suite 102**

City **Boca Raton**

**FL**

Zip Code  
**33431**

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 *[Signature]* **MGR BRIAN A. KAHAN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Make check payable to  
Florida Department of State

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KAHAN, BRIAN A  
20975 PINAR TRAIL  
BOCA RATON, FL 33433**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1800 N.W. Corporate Blvd., Suite 102  
Boca Raton, Florida 33431**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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)(f), 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 606, Florida Statutes.

SIGNATURE: *[Signature]* **BRIAN A. KAHAN**

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

Date

Daytime Phone #

*[Signature]* **561-999-5999**



Attachment  
340000304

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

February 2, 2004

KAHAN & ASSOCIATES, P.L.  
1800 N.W. CORPORATE BLVD.  
SUITE 102  
BOCA RATON, FL 33431 US

Subject: KAHAN & ASSOCIATES, P.L.

Reference Number: L03000016853

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida law does not allow an entity to serve as its own registered agent.

Designate a registered agent, other than the entity, with a street address in Florida. The agent must sign if this is a change from the registered agent previously filed with this office.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6478 - Tallahassee, Florida 32314