

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-17-2004 90191 028 ****55.00

DOCUMENT # L03000019000



1. Entity Name
BLEECKER-GROVE ASSOCIATES FL, LLC

Principal Place of Business
**4215 RICHMOND PARK DRIVE
 JACKSONVILLE, FL 32224**

Mailing Address
**PO BOX 551260
 JACKSONVILLE, FL 32255**

34001500



2. Principal Place of Business
c/o Robert Marc Schwartz, P.A.

3. Mailing Address
c/o Robert Marc Schwartz PA

Suite, Apt. #, etc.
102 North Swinton Avenue

Suite, Apt. #, etc.
102 N Swinton Avenue

02062004 Chg-LLC CR2E083 (10/03)

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number
20-0727355

Zip
33444

Country
USA

Zip
33444

Country
USA

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

**SCHNEIDER, MICHAEL N
 5150 BELFORT ROAD, BLDG. 100
 JACKSONVILLE, FL 32256**

Name
Robert M. Schwartz, Esquire
 Street Address (P.O. Box Number is Not Acceptable)
Robert Marc Schwartz, P.A.
102 North Swinton Avenue
 City
Delray Beach **FL** Zip Code
33444

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 *Robert M. Schwartz* **Robert M. Schwartz** **2/12/04**
Signature, typed or printed name of registered agent and date 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 | Managing Member <input type="checkbox"/> Delete Daniel Colnaghi 3134 San Michele Drive Palm Beach Gardens, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Managing Member <input type="checkbox"/> Delete Warren Colnaghi 12 Johns Street Kingsstreet, NY 12401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 60B, Florida Statutes.

SIGNATURE: *Daniel Colnaghi* **Daniel Colnaghi** **2/12/04 561-254 00 30**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAYTIME PHONE #