

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 SEP 10 PM 4:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

BRIAN



03252003 Chg-LLC CR2E06S (10/03)

9/10

4. FEI Number
54-2152350Applied For
Not Applicable5. 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

SAXE, BETTY
3232 WESTMINSTER DR
BOCA RATON, FL 33496

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

Betty Saxe

(NOTE: Registered Agent signature required when registering)

6/1/04

DATE

Filing Fee is \$50.00
Due by September 8, 2004Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	SAXE, BETTY	3232 WESTMINSTER DR	BOCA RATON, FL 33496	☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
		504188900126		☐	☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
		06/30/04 90025 010		☐	☐
		\$50.00		☐	☐

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)(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 606, Florida Statutes.

SIGNATURE:

Betty Saxe

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

6/1/04 (561) 715-9343

Date

City/Zip Code