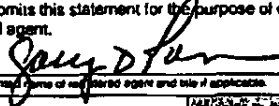
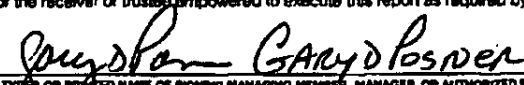


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

04-19-2004 90033 022 ****50.00

DOCUMENT # L03000025705			
1. Entity Name AMOS POSNER DEVELOPMENT, LLC			
Principal Place of Business 126 S. FEDERAL HWY, STE 204 DANIA BEACH FL 33004		Mailing Address 126 S. FEDERAL HWY, STE 204 DANIA BEACH FL 33004	
2. Principal Place of Business 18851 NE 29th Ave 7th FL		3. Mailing Address 18851 NE 29th Ave 7th FL	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180	Country US	Zip 33180	Country US
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ROUSSO, MARK E ESO 3440 HOLLYWOOD BLVD, STE 360 HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent GARY D. POSNER 126 S FEDERAL HIGHWAY SUITE 204 DANIA BEACH FL 33004	
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 		DATE 4/19/04	
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition GARY D. POSNER 18851 NE 29th Ave, 7th FL AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition MATTHEW POSNER 18851 NE 29th Ave, 7th FL AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition RONALD D. POSNER 18851 NE 29th Ave, 7th FL AVENTURA, FL 33180
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: 		DATE 4/19/04 305466-4567	