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

34006662

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
126 S. FEDERAL HWY, STE 204 DANIA BEACH FL 33004	126 S. FEDERAL HWY, STE 204 DANIA BEACH FL 33004

2. Principal Place of Business	3. Mailing Address
18851 NE 29th Ave	18851 NE 29th Ave
Suite, Apt. #, etc. 7th FL	Suite, Apt. #, etc. 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 ESQ
3440 HOLLYWOOD BLVD, STE 360
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name GARY D. POSNER
Street Address (P.O. Box Number is Not Acceptable) 126 S FEDERAL HIGHWAY
SUITE 204
City DANIA BEACH FL Zip Code 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 Gary D Posner 4/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 GARY D. POSNER STREET ADDRESS 18851 NE 29th Ave, 7th FL CITY-ST-ZIP AVENTURA, FL 33180	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VPD NAME MATTHEW POSNER STREET ADDRESS 18851 NE 29th Ave, 7th FL CITY-ST-ZIP AVENTURA, FL 33180	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE TD NAME RONALD POSNER STREET ADDRESS 18851 NE 29th Ave 7th FL CITY-ST-ZIP AVENTURA, FL 33180	☐ 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 608, Florida Statutes.

SIGNATURE: Gary D Posner GARY D POSNER 4/19/04 305 466-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #