

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000026080

1. Entity Name

CALLAGHAN GLASSMAN & MARGOLIS, L.L.C.



Principal Place of Business

**7369 SHERIDAN STREET
201
HOLLYWOOD, FL 33024**

Mailing Address

**7369 SHERIDAN STREET
201
HOLLYWOOD, FL 33024**



04232005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0103994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARGOLIS, GARY J
7369 SHERIDAN STREET
201
HOLLYWOOD, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
GLASSMAN, GARY L
7369 SHERIDAN STREET - SUITE 201
HOLLYWOOD, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MARGOLIS, GARY J
7369 SHERIDAN STREET - SUITE 201
HOLLYWOOD, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
CALLAGHAN, ELIZABETH A
7369 SHERIDAN STREET - SUITE 201
HOLLYWOOD, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

04/25/05-80056-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes

SIGNATURE:

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

4/23/05

Date

954 986 4780

Daytime Phone #