

# 2003 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90039 044 \*\*\*\*50.00

DOCUMENT # L03000027727

1. Entity Name

CONTRARIAN CASH FUND, LLC



Principal Place of Business

6400 CONGRESS AVENUE, SUITE 2150  
BOCA RATON FL 33487

Mailing Address

3290 NW 53RD CIRCLE  
BOCA RATON FL 33496

20019857



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

6400 CONGRESS AVE.

Suite, Apt. #, etc.

SUITE 2700

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

33487

Country

USA

4. FEI Number

32-0087294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HONIG, BARRY  
3290 NW 53RD CIRCLE  
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

BARRY HONIG

Street Address (P.O. Box Number is Not Acceptable)

6400 CONGRESS AVE

SUITE 2700

City

BOCA RATON

FL

Zip Code

33487

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME HONIG, BARRY  
STREET ADDRESS 3290 NW 53RD CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6400 CONGRESS AVENUE, SUITE 2700  
CITY-ST-ZIP BOCA RATON, FL 33487

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

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

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

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

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

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:

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

Barry Honig

02/26/05 561-302-2287

Date

Daytime Phone #