

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-20-2004 90206 015 ****50.00

DOCUMENT # L03000029741

1. Entity Name
JUDGMENT HOLDINGS, LLC



Principal Place of Business
~~9350 SOUTH DIXIE HIGHWAY, SUITE 1550~~
~~MIAMI, FL 33156~~

Mailing Address
~~9350 SOUTH DIXIE HIGHWAY, SUITE 1550~~
~~MIAMI, FL 33156~~

24001991



2. Principal Place of Business
c/o GARY D. LIPSON

Suite, Apt. #, etc.
P.O. Box 566777

City & State
MIAMI, FL

Zip
33256

Country
USA

3. Mailing Address
c/o GARY D. LIPSON

Suite, Apt. #, etc.
P.O. Box 566777

City & State
MIAMI, FL

Zip
33256

Country
USA

01132004 Chg-LLC CR2E083 (10/03)

4. FEJ Number
62-1437188

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LIPSON, GARY D
~~9350 SOUTH DIXIE HIGHWAY, SUITE 1550~~
~~MIAMI, FL 33156~~

7. Name and Address of New Registered Agent

Name
GARY D. LIPSON

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

914 MATANZAS AVE

City
CORAL GABLES

FL Zip Code
33146

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MANAGER
GARY D. LIPSON
914 MATANZAS AVE.
CORAL GABLES, FL 33146

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

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

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

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

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:

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

Date

Daytime Phone #

AS MANAGER

GARY D. LIPSON, AS MANAGER

1/15/04