

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90132 048 ****50.00

DOCUMENT # L03000031416

1. Entity Name
FINKELSTEIN PROPERTIES, LLC



Principal Place of Business
**269 SE 5TH AVENUE
DELRAY BEACH, FL 33483**

Mailing Address
**4400 NORTH FEDERAL HIGHWAY, STE 306
BOCA RATON, FL 33431**

14027176



2. Principal Place of Business

3. Mailing Address

07262004 Chg-LLC CR2E083 (10/03)

4. FEI Number **86-1077711** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINKELSTEIN, LYNN
4400 NORTH FEDERAL HIGHWAY, STE. 306
BOCA RATON, FL 33431**

Name **LYNN FINKELSTEIN**

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

269 S.E. 5th AVE

City **DELRAY Bch, FL 33483**

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 September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FINKELSTEIN, LYNN
4400 NORTH FEDERAL HIGHWAY STE 306
BOCA RATON, FL 33431** ☐ 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

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:

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

Date

Daytime Phone #

7/26/04 (561) 243-1230