2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # L03000034707** 04-30-2004 90072 006 ****50.00 1. Entity Name SANDMOR BUILDERS, LLC Principal Place of Business Mailing Address 24060845 C/O MORRIS KAPLAN C/O MORRIS KAPLAN 433 RIVER ROAD 433 RIVER ROAD HIGHLAND PARK, NJ 08904 HIGHLAND PARK, NJ 08904 2. Principal Place of Business 3. Mailing Address LIVER ROAD SAME 433 3106 Suite, Apt, #, etc. 02242004 CR2E083 (10/03) Chg-LLC 117076001 Applied For City & State 4. FEI Number City & State 26 - 0077138 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired WIA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ______ KRAMER, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) C/O ABRAMS ANTON P.A. 2255 GLADES ROAD, STE. 411-E BOCA RATON, FL 33431 City Zip Code 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) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES AISHOM N. VERNÍ, CPA 433 - KÍZER KORD TITLE MGRM TITLE Addition □ Delete NAME KAPLAN, MORRIS NAME STREET ADDRESS 433 RIVER ROAD STREET ADDRESS 08904 CITY-ST-ZIP HIGHLAND PARK, NJ 08904 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME ---STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

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

FILED



Division of Corporations

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