

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90111 050 ***138.75

60023425



04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number **37-4467641** Applied For Not Applicable

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

DOCUMENT # L03000050342
 1. Entity Name
 1934 HOLDINGS, LLC



Principal Place of Business Mailing Address
 2185 RADNOR COURT 2185 RADNOR COURT
 JUNO ISLES, FL 33408 JUNO ISLES, FL 33408

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
 SUROZITZ, DIANE (spelling)
 2185 RADNOR COURT
 JUNO ISLES, FL 33408

7. Name and Address of New Registered Agent
 Name Surowitz Diane
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SUROWITZ, RONALD	
STREET ADDRESS	2185 RADNOR COURT	
CITY-ST-ZIP	JUNO ISLES, FL 33408	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SUROWITZ, DIANE	
STREET ADDRESS	2185 RADNOR COURT	
CITY-ST-ZIP	JUNO ISLES, FL 33408	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SUROWITZ, DOUGLAS	
STREET ADDRESS	2185 RADNOR COURT	
CITY-ST-ZIP	JUNO ISLES, FL 33408	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SUROWITZ, JOSHUA	
STREET ADDRESS	2185 RADNOR COURT	
CITY-ST-ZIP	JUNO ISLES, FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Diane Surowitz Diane Surowitz - Mgr 4/9/08 561-746-7811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #