## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

1940 HARRISON, LLC

2702 NORTH SWINTON AVENUE

C/O ROBERT MARC SCHWARTZ

DELRAY BEACH, FL 33444-2634 2. Principal Place of Business

4700 NW Boca Raton Blvd.

MOSKIN, SIDNEY M

BOCA RATON, FL 33433

the obligations of registered agent.

Filing Fee is \$50.00 Due by May 1, 2005

Boca Raton, FL 33431-4860 .

23408 MIRABELLA CIRCLE SO.

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Zip

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## **FILED** Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # L04000070212** 04-22-2005 90046 039 \*\*\*\*55.00 Mailing Address 20040314 **102 NORTH SWINTON AVENUE** C/O ROBERT MARC SCHWARTZ DELRAY BEACH, FL 33444-2634 3. Mailing Address 4700 NW Boca Raton Blvd. Suite 104 04112005 Chg-LLC CR2E083 (10/03) Boca Raton, FL 33431-4860 4. FÉI Number 20 – 1820115 Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired - Fee Required ... 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent idher Street Add 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Managing Member Sidney M. Moskin 17735 Fieldbrook Circle North TITLE Delete ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP Boca Raton, Florida 33496-1534 ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TULE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ТПІЕ Change Addition NAME STREET ADDRESS

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 peceiver or justee employed to execute his report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE Ney M. MORRIN, MENGIL Menter