2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L9400000059

1. Entity Name DAVID MAYER, L.C.



Principal Place of Business

2002 GRANT ST. HOLLYWOOD, FL 33020 Mailing Address

125 N. 46TH AVENUE HOLLYWOOD, FL 33021-6601

FILED Apr 08, 2004 08:00 AM Secretary of State



03262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number			Applied For
59-1934035	-		Not Applicable
5. Certificate of Status Desired		\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOTTLIEB, BRUCE M 125 N. 46TH AVENUE HOLLYWOOD, FL 33021-6601

DO NOT WRITE IN THIS SPACE

IN THIS SPACE

		{			
	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agont and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE		
F	iling Fee is \$50.00 ue by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGR				
NAME	ZIEFER, MAYER	i			
STREET ADDRESS	2002 GRANT ST.				
CITY-ST-ZIP	HOLLYWOOD, FL 33020	•	U00000108689 04/08/04-80025-018 50.00		
TITLE	MGR				
NAME	GOTTLIEB, BRUCE M		2 11 200 2 1 200EG 1010 70° CM		
STREET ADDRESS	125 N. 46TH AVENUE	ŀ			
CITY-ST-2IP	HOLLYWOOD, FL 33021				
TELLE					
NAME					
STREET ADDRESS		DO	NOT WRITE		
COTAL OF THE		3 1.71.7	INCI VYDIIE		

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 ligal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

THE NAME STREET ADDRESS CITY-SI-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/26/2004

(954) 966-7900

Daytime Phone #