

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L94000000112

1. Entity Name
LOMAR PROPERTIES, L. C.



Principal Place of Business
125 NORTH 46TH AVE.
HOLLYWOOD, FL 33021

Mailing Address
125 NORTH 46TH AVE.
HOLLYWOOD, FL 33021



01272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0528261

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, BRUCE M
125 NORTH 46 AVE.
HOLLYWOOD, FL 33021

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IN THIS SPACE**

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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GOTTLIEB, MARVIN
STREET ADDRESS 125 NORTH 46TH AVE.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE MGR
NAME GOTTLIEB, CHARLOTTE
STREET ADDRESS 125 NORTH 46 AVENUE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE MGR
NAME GOTTLIEB, BRUCE M
STREET ADDRESS 125 NORTH 46 AVENUE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE MGR
NAME GOTTLIEB, KENNETH A
STREET ADDRESS 125 NORTH 46 AVENUE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000271476
03/21/05-80048-015 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

3/18/2005 (954) 966-7900

Date

Daytime Phone #