

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000185

FILED  
May 23, 2004  
Secretary of State

Entity Name: MOSHE WEITZ, L.C.

**Current Principal Place of Business:**

244 POINCIANA DR.  
MIAMI, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

244 POINCIANA DR.  
MIAMI, FL 33160

**New Mailing Address:**

FEI Number: 65-0724894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEITZ, MOSHE  
244 POINCIANA DR.  
MIAMI, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WEITZ, MOSHE  
Address: 244 POINCIANA DR.  
City-St-Zip: MIAMI, FL 33160

Title: MGR (X) Delete  
Name: WEITZ, BEN-ZION B  
Address: 244 POINCIANA DR.  
City-St-Zip: MIAMI, FL 33160

Title: MGR (X) Delete  
Name: WEITZ, JONATHAN D  
Address: 244 POINCIANA DR.  
City-St-Zip: MIAMI, FL 33160

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MOSHE WEITZ

MGR

05/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date