## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

## **FILED** Mar 08, 2004 08:00 AM DOCUMENT # L96000000839 **Secretary of State** 1. Entity Name PARK ISLE ASSOCIATES LLC Principal Place of Business Mailing Address 780 73RD STREET P.O. BOX 250217 **APARTMENT 3** LEFFERTS STATION MIAMI BEACH FL 33141 **BROOKLYN NY 11225** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) 4. FEI Number Applied For City & State City & State 11-2945253 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DRIZIN, MENDEL Street Address (P.O. Box Number is Not Acceptable) 780 73RD STREET APARTMENT 3 MIAMI BEACH FL 33141 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 1 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TETT E ☐ Change ☐ Addition ☐ Defete DRIZIN, MENDEL NAME NAME U000000079781 STREET ADDRESS **447 CROWN STREET** STREET ADDRESS 03/08/04-80082-014 50.00 NEW YORK NY 11225 CITY -ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Oelete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-119 COY-ST-78P 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE