

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000000970

1. Entity Name

BLOCH, MINERLEY, & FEIN, P.L.



Principal Place of Business

**980 N. FEDERAL HIGHWAY
SUITE 412
BOCA RATON, FL 33432**

Mailing Address

**980 N. FEDERAL HIGHWAY
SUITE 412
BOCA RATON, FL 33432**



01092004 No Chg-LLC

QR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0696398

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLOCH, STUART E
980 N. FEDERAL HIGHWAY
SUITE 412
BOCA RATON, FL 33432**

**DO NOT WRITE
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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BLOCH, STUART E
6268 VIA PALLADIUM
BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MINERLEY, KENNETH L
738 PEACH TREE LANE
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FEIN, ANDREW K
12217 ROCKLEDGE CIRCLE
BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000062630
02/23/04-80125-006 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Stuart E. Bloch* **STUART E. BLOCH, Managing Member** **2/19/04** **(50)** **362-6649**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #