File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS
98 MAR 11 AM 10: 21

13/2

Applied For

Not Applicable

561-4820698

3a. State of Formation

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

 Name and Mailing Address of Limited Liability Company

2. Principal Place of Business

attachment with an address.

Sulte, Apt. #, etc.

City & State

**DOCUMENT #** 

2a. Mailing Address

Suite, Apt. #, etc.

City & State

L96000001163

DEMARKA ASSOCIATES L.L.C. 7141 LIONS HEAD LANE BOCA RATON FL 33496

1a.	Principal	Place of	Business Addre	88
	t till topper	1 1000 01	Dasinioso Madic	,,,,

3. Date Organized or Qualified

11/04/1996 I. FEI Number

65-0727373

7141 LIONS HEAD LANE BOCA RATON FL 33496

			i				# B 40 of land			
Zip		Country	Zip		Count	·v	5. Date of Last	нероп	6. Certificate of Status Desired	
		<b>4 5 5 5 6 6 7 6 7 8 9 9 9 9 9 9 9 9 9 9</b>	1-7		1	,			S8.75 Additional Fee Hequired	
							1.05/01/	1007		
7. Name and Address of Current Registered Agent					8. Name and Address of New Registered Agent/Office					
						Name	1141110 0114 1144101		norda Agonia o moo	
ŀ						IVALLIE				
GOLD	BERG, E	ARL I								
7141 LIONS HEAD LANE					Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33496										
						Suite, Apt. #, etc.				
						City			Zip Code	
						Only			21p C008	
l								FL		
9. Pursua	ant to the provisi	ons of Sections 60	8,416 and 608,50	B. Florida Statut	tes, the at	ove-named limite	d liability company s	submits this state	ement for the purpose of changing	
its register	red office or regis	tered agent, or both	n, in the State of Flo	orida. Such chai	nge was a	thorized by affirm	ative vote of a major	ity of the member	s. I hereby accept the appointment	
		ccept the obligatio			•	•		•		
	•									
SIGNATU	JRE							DATE		
		(Registered Agent Ac	cepting Appointment)	(NOTE Registered A	gent signature	required when reinstati	ng)			
10. Title	Man	aging Members/Ma			Business Street Address			City, State and Zip Code		
	-			<del></del>				,		
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MEM	GOLDBE	RG, EARL	I	7141	LIONS	HEAD L	ANE	BOCA B	RATON FL	
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11. I do he	reby certify that th	ne information supp	lied with this filing	does not qualify:	for the exe	mption stated in S	ection 119.07(3)(i). I	Florida Statutes	I further certify that the information	
indicated o	on this annual rep	ont is true and acci	urate and that my	signature shall l	have the s	ame legal effect a	s if made under oath	r; that I am a mar	naging 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; and that my name appears in Block 10, or on an

EARL I GOLDBERG