

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000001351

1. Entity Name
KUPERSMITH LIMITED COMPANY



Principal Place of Business

% JANIE E. MAURER
500 NE SPANISH RIVER BLVD., #27
BOCA RATON, FL 33431

Mailing Address

2939 VANNESS ST. NW
#948
WASHINGTON, DC 20008



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0716662

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAURER, JANI E
500 NE SPANISH RIVER BLVD., #27
BOCA RATON, FL 33431

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
KUPERSMITH, JOEL
2939 VANNESS ST. NW #948
WASHINGTON, DC 20008

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
KUPERSMITH, JUDITH
2939 VANNESS ST. NW #948
WASHINGTON, DC 20008

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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01/20/04-80062-006 50.00

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: *Judith Kupersmith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-14-04 *202-966-3231*

Date

Daytime Phone #