

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90285 040 \*\*\*\*\*50.00

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 VANNESST ST. NW  
#948  
WASHINGTON DC 20008

2. Principal Place of Business

3. Mailing Address

2510 Virginia Ave NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#706N

City & State

City & State

Washington, D.C.

Zip

Country

Zip

20037

Country

USA



1st MOORE

CR2E083 (10/04)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Kupersmith, Joel  
STREET ADDRESS 2510 Virginia Ave NW #706N  
CITY-ST-ZIP Washington, DC 20037

TITLE MGRM ☒ Change ☐ Addition  
NAME Kupersmith, Judith  
STREET ADDRESS 2510 Virginia Ave NW #706N  
CITY-ST-ZIP Washington, DC 20037

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Judith Kupersmith

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

1-28-05

Date

202-333-3363

Daytime Phone #