

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000151 1. Entity Name ENGELBERG & MILGRIM, P.L.	
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Principal Place of Business 3230 STIRLING ROAD SUITE #1 HOLLYWOOD, FL 33021	Mailing Address 3230 STIRLING ROAD SUITE #1 HOLLYWOOD, FL 33021
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01062005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0731477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILGRIM, LAURIE E
MORRIS ENGELBERG & LAURIE E. MILGRIM
3230 STIRLING ROAD SUITE #1
HOLLYWOOD, FL 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORRIS ENGELBERG & LAURIE E. MILGRIM, P.A. 3230 STIRLING ROAD HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORRIS, ENGELBERG 3230 STIRLING ROAD, SUITE #1 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Laurie E. Milgrim LAURIE E. MILGRIM 02/22/05 954-966-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #