


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90287 003 \*\*\*\*50.00

DOCUMENT # L98000001419	
1. Entity Name CANTERBURY ASSOCIATES L.C.	

Principal Place of Business C/O IDM MANAGEMENT INC. 10837 CHARLESTON PLACE COOPER CITY, FL 33026	Mailing Address C/O IDM MANAGEMENT INC. 10837 CHARLESTON PLACE COOPER CITY, FL 33026
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2. Principal Place of Business	3. Mailing Address
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4. Principal Place of Business C/O IDM Management, Inc. 1130B E. Hallandale Beach Blvd. Hallandale, FL 33009	4. Principal Place of Business C/O IDM Management, Inc. 1130B E. Hallandale Beach Blvd. Hallandale, FL 33009
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05262004 Chg-LLC CR2E083 (10/03)

Zip	Country	Zip	Country
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required	Applied For	Not Applicable
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6. Name and Address of Current Registered Agent ROBERTS, NORMAN T ESQ. 50 WEST MASHTA DRIVE, SUITE 2 KEY BISCAYNE, FL 33149	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IDM MANAGEMENT INC. 10837 CHARLESTON PLACE COOPER CITY, FL 33026 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>c/o Mgr</i> IDM Management, Inc. 1130B E. Hallandale Beach Blvd. Hallandale, FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Diana Monar* *MANAGING MEMBER* *5/26/04* *9544559018*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #