

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # L98000001988

1. Entity Name
EDWIN F. KALMUS, LC



Principal Place of Business
**6403 WEST ROGERS CIRCLE
BOCA RATON, FL 33487**

Mailing Address
**6403 WEST ROGERS CIRCLE
BOCA RATON, FL 33487**



02052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0866154

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GALISON, LEON
6403 WEST ROGERS CIRCLE
BOCA RATON, FL 33487**

**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 title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

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

000000094721
03/23/04-80008-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
EDWIN F. KALMUS & CO, INC.
6403 WEST ROGERS CIRCLE
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MASTERS MUSIC PUBLICATIONS, INC.
6403 WEST ROGERS CIRCLE
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

Leon Galison **Leon Galison** 3/11/04 561 241 6340