

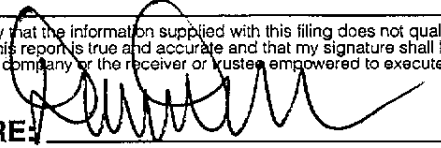


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002788						
1. Entity Name DAVID N. FINKELSTEIN, LLC						
Principal Place of Business 27 FLETCHER AVENUE SARASOTA, FL 34237	Mailing Address 27 FLETCHER AVENUE SARASOTA, FL 34237	 04212004 No Chg-LLC CP2E083 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 65-0960583</td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 65-0960583	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
4. FEI Number 65-0960583	Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE				
FINKELSTEIN, DAVID N 27 FLETCHER AVENUE SARASOTA, FL 34237						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>						
Filing Fee is \$50.00 Due by May 1, 2004						
U000000134348 04/28/04-80016-009 50.00						
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE				
TITLE	MEM					
NAME	FINKELSTEIN, DAVID					
STREET ADDRESS	27 FLETCHER AVENUE					
CITY- ST- ZIP	SARASOTA, FL 34237					
TITLE						
NAME						
STREET ADDRESS						
CITY- ST- ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY- ST- ZIP						
TITLE						
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CITY- ST- ZIP						
TITLE						
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)(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  David Finkelstein 4/21/04 941-952-9999						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>				