2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 09, 2004 08:00 AM Secretary of State DOCUMENT # L99000000865, 1. Entity Name ETHEL A. FURMAN & ASSOCIATES, L.C. Principal Place of Business

Principal Plac	e of Business	Mailing Address						
3590 SOUTH Palm Beach	I OCEAN BLVD., #203 I, FL 33480	3590 SOUTH OCEAN BLVD., #2 Palm Beach, FL 33480	203					
DO NOT WRITE IN THIS SPAC			CE	01072004No Chg-LLC CR2E083 (10/03)				
				4. FEI Number 65-0895590	Applied For Not Applicable			
				5. Certificate of Status Desired	\$5.00 Additional Fee Required			
	6. Name and Address of Current	Registered Agent						
FURMAN, ETHEL A 3590 SOUTH OCEAN BLVD., #203 PALM BEACH, FL 33480			DO NOT WRITE IN THIS SPACE					
the obligat	tions of registered agent.	r the purpose of changing its registere	ed office or registe	ered agent, or both, in the State of Florida, I am	familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registered	d Agent argnature require	ed when reinstating) DATE	•			
	iling Fee is \$50.00 ue by May 1, 2004		,					
9.	MANAGING MEMBE	RS/MANAGERS						
Title Name Street Address City-SI-Zip	MGRM FURMAN, ETHEL A 3590 SOUTH OCEAN BLVD., #2 PALM BEACH, FL 33480	03		ነውስስስስስበታል	92 * * * ****			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000014 U12/04-8000	8-002 50.00 T			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRIT	E			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	. 1							
indicated	dertify that the information supplied with don this report is true and accurate and ability company or the receiver or truste	that my signature shall have the same	e ledai ettect as if	Section 119.07(3)(i), Florida Statutes. I further or made under oath; that I am a managing member 608, Florida Statutes.	ertify that the information per or manager of the			

SIGNATURE: 4.	M. Furmain	Ethel A FURMAN	Ζ	67/04	561.586.1301
RIGHATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE					Daytime Phone #