

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001158

1. Entity Name

MASSEY, COICAN & SCHUSTER, L.L.C.



Principal Place of Business

2455 EAST SUNRISE BOULEVARD, SUITE 1100
FORT LAUDERDALE, FL 33304

Mailing Address

2455 EAST SUNRISE BOULEVARD, SUITE 1100
FORT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC

CR2E083 (10/03)

4. FEL Number

65-0888597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASSEY, ALBERT P
2455 EAST SUNRISE BOULEVARD, SUITE 1100
FORT LAUDERDALE, FL 33304

**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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MASSEY, ALBERT P III
STREET ADDRESS	2455 EAST SUNRISE BOULEVARD, SUITE 1100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

TITLE	MGRM
NAME	COICAN, GREGORY G
STREET ADDRESS	2455 EAST SUNRISE BOULEVARD, SUITE 1100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U000000001243
01/09/04-80033-017 50.00

**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 #

1-5-03 954-567-4119