

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 07, 2005 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**



01032005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI 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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASSEY, ALBERT P III 2455 EAST SUNRISE BOULEVARD, SUITE 1100 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COICAN, GREGORY G 2455 EAST SUNRISE BOULEVARD, SUITE 1100 FORT LAUDERDALE, FL 33304
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01/07/2005-80013-019 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 #

**1-3-05 954-567-4119**