

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90100 031 \*\*\*\*50.00

**DOCUMENT # L99000002050**

1. Entity Name  
**L & M HOLDINGS LLC**



Principal Place of Business  
**2940 OLD ORCHARD ROAD  
DAVIE, FL 33328**

Mailing Address  
**2940 OLD ORCHARD ROAD  
DAVIE, FL 33328**

2. Principal Place of Business  
**1056 NW 83<sup>RD</sup> AV**

3. Mailing Address  
**1056 NW 83<sup>RD</sup> AV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01042004 Chg-LLC CR2E083 (10/03)

City & State  
**Plantation, FL**

City & State  
**Plantation, FL**

4. FEI Number  
**65-0932743**

Applied For  
☐ Not Applicable

Zip  
**33328**

Country

Zip  
**33328**

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HECHT, ALAN R  
2670 N.E. 215TH STREET  
MIAMI, FL 33180**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MONTE, NEALE  
2940 OLD ORCHARD ROAD  
DAVIE, FL 33328** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LOWENSTEIN, DARYL  
5428 DUNMORE ROAD  
WILMINGTON, NC 28409** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1056 NW 83<sup>RD</sup> AVENUE  
PLANTATION, FL 33322**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**NEALE MONTE 1/4/04 954-423-9022**