

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90194 019 ****50.00

DOCUMENT # L99000006104

1. Entity Name
2201 CORPORATE BOULEVARD, L.C.



Principal Place of Business
C/O WILLIAM S. WEISMAN, ESQ.
2101 CORPORATE BLVD., N.W., SUITE 300
BOCA RATON, FL 33431

Mailing Address
C/O WILLIAM S. WEISMAN, ESQ.
2101 CORPORATE BLVD., N.W., SUITE 300
BOCA RATON, FL 33431

24011582



01272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0957869

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEISMAN, WILLIAM S ESQ.
MANDEL WEISMAN & BRODIE P.A.
2101 CORPORATE BLVD., N.W., SUITE 300
BOCA RATON, FL 33431

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COHEN, DEBRA
2101 CORPORATE BLVD, N.W., SUITE 300
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HEIMBERG, PAUL
2101 CORPORATE BLVD, N.W., SUITE 300
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HEIMBERG, DENISE
2101 CORPORATE BLVD, N.W., SUITE 300
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEISMAN, WILLIAM
2101 CORPORATE BLVD, N.W., SUITE 300
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEISMAN, LAUREN
2101 CORPORATE BLVD, N.W., SUITE 300
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DANIEL S. MANDEL
2101 Corp Blvd #300
BOCA RATON, FL 33431

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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

WILLIAM S. WEISMAN,

1/27/04 561-989-0366
Date Daytime Phone #