2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000006194

1. Entity Name

DENHOLTZ REALTY CO., LLC



Principal Place of Business

580 VILLAGE BLVD

SUITE 300

WEST PALM BEACH, FL 33409

Mailing Address

580 VILLAGE BLVD

SUITE 300

WEST PALM BEACH, FL 33409

FILED Apr 06, 2004 8:00 am Secretary of State

04-06-2004 90128 011 ***158.75



03162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0954306 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DENHOLTZ, JACK W 580 VILLAGE BLVD SUITE 300

CITY-ST-7IP

WEST PALM BEACH, FL 33409

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Date

Daytime Phone #

	named entity submits this statement for the purp tions of registered agent.	oose of changin	ng its registere	d office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if app	olicable	(NOTE: Pegustared	Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2004		(NOTE: Neglatero	-gord agrand o required in the temperary	
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENHOLTZ, JACK W 580 VILLAGE BLVD, SUITE 300 WEST PALM BEACH, FL 33409				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			***	IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME . STREËT ADDRESS					

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE