

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000007660

1. Entity Name
BIRCHWOOD/BOYNTON, LLC



Principal Place of Business
C/O BWING, L.C.
1001 N.W. 62ND STREET, SUITE 320
FORT LAUDERDALE, FL 33309

Mailing Address
C/O JIM NOBIL/JLJ REALTY
1001 N.W. 62ND ST., #320
FORT LAUDERDALE, FL 33309



01072004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
65-0960504

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EPSTEIN, WILLIAM L
C/O GIMELSTOB ENTERPRISES, INC.
2300 N.W. CORPORATE BLVD., SUITE 222
BOCA RATON, FL 33431

**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 LEVY, ROBERT
STREET ADDRESS 1690 S. CONGRESS AVE., SUITE 200
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE MGRM
NAME SADKIN, S. MARTIN
STREET ADDRESS 7860 PETERS ROAD SUITE F-11
CITY-ST-ZIP PLANTATION, FL 33324

TITLE MGRM
NAME GIMELSTOB, HERBERT
STREET ADDRESS 2300 N.W. CORPORATE BLVD., SUITE 222
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE MGRM
NAME NOBIL, JAMES
STREET ADDRESS 1001 NW 62ND ST #320
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

L990000100963
04/01/04-80029-003 50.00

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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

JAMES H. NOBIL

Date

Daytime Phone #

3/10/04

954-772-5320