

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90022 004 ****55.00

DOCUMENT # L99000009170

1. Entity Name
MICHAEL WEISSMAN HOLDINGS, LLC



Principal Place of Business
~~20283 STATE RD 7~~ *1054 WILSON WAY*
SUITE 300
BOCA RATON, FL ~~33498~~ *33498*

Mailing Address
~~20283 STATE RD 7~~ *1054 WILSON WAY*
SUITE 300
BOCA RATON, FL ~~33498~~ *33498*

24064947



04202004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0973322	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~FARBER, ANDREW~~ *MICHAEL WEISSMAN*
~~20283 STATE RD 7 #300~~ *3700 S OCEAN BLVD #810*
~~BOCA RATON, FL 33498~~ *HIGHLAND BEACH FLA 33487*

**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]* (NOTE: Registered Agent signature required when reinstating) DATE *4/24/04*

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEISSMAN, MICHAEL 3700 S. OCEAN BLVD., #810 HIGHLAND BEACH, FL 33487
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**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]* *Member* DATE: *4/30/2004* DAYTIME PHONE #: *923-539-5382*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #