

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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

<b>DOCUMENT # L99000009170</b> 1. Entity Name MICHAEL WEISSMAN HOLDINGS, LLC	
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Principal Place of Business <del>20283 STATE RD 7</del> 9660 NW 4th Ave <del>SUITE 300</del> 1055 W 1st Ave <del>BOCA RATON, FL 33498</del>	Mailing Address <del>20283 STATE RD 7</del> 9660 NW 4th Ave <del>SUITE 300</del> 1055 W 1st Ave <del>BOCA RATON, FL 33498</del>
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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	
<del>FARBER, ANDREW</del> <del>20283 STATE RD 7 #300</del> <del>BOCA RATON, FL 33498</del>	MICHAEL WEISSMAN 3700 S OCEAN BLVD #810 HIGHLAND BEACH FLA 33487

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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  DATE 4/24/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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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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:  4/30/2004 923-539-5382  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #