

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M00000001279

1. Entity Name
CONTINENTAL GENCOM HOLDINGS, LLC



Principal Place of Business
**3250 MARY STREET, 5TH FLOOR
MIAMI, FL 33133**

Mailing Address
**3250 MARY STREET, 5TH FLOOR
MIAMI, FL 33133**



01162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1010751

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHATZ, RICHARD E
150 WEST FLAGLER STREET, 2200 MUSEUM TOWER
MIAMI, FL 33130**

**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**

**000000072993
13/02/04-80017-016 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WEISER, SHERWOOD
3250 MARY STREET, 5TH FLOOR
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LEFTON, DONALD
3250 MARY STREET, 5TH FLOOR
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALIBHAI, KARIM
3250 MARY STREET, 5TH FLOOR
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #