2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000001484

1. Entity Name BRONSTEIN PROPERTIES, LLC

Principal Place of Business

Mailing Address

108-18 QUEENS BLVD., STE. 302 FOREST HILLS, NY 11375 108-18 QUEENS BLVD., STE. 302 FOREST HILLS, NY 11375

FILED Mar 12, 2004 08:00 AM Secretary of State



03082004 No Chg-LLC

CR2E083 (10/03)

Daytime Physics #

4. FEI Number
11-3267090

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUDOFSKY, BARRY 4147 SOUTH TAMIAMI TRAIL VENICE, FL 34293

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

DO NOT WRITE IN THIS SPACE

		- }		e a gran	
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 it applicable. (NOTE, Registered Agent signature required when reinstalling) — DATE					
		(NOTE, Registered	MOOL SENSON ASSESSED ASSESSED ASSESSED (C)	- 50.5	
D:	ling Fee is \$50.00 ue by May 1, 2004		,	U00000086681 Q3/12/04-80Q32-824 50.00	
9.	MANAGING MEMBERS/MANAGERS			der the colour de l'octob	
TITLE	MGR		i		
NAME	BRONSTEIN, ALBERT				
STREET ADDRESS	111 CHERRY VALLEY AVENUE				
CHTY-SI-ZIP	GARDEN CITY, NY 11530				
ภเกา.E	MGR				
NAME	BRONSTEIN, EILEEN	i			
STREET ADDRESS	111 CHERRY VALLEY AVENUE	i			
CITY-ST-ZIP	GARDEN CITY, NY 11530				
TITLE	MGR				
NAME	SILVERMAN, JOANNE				
STREET ADORESS	108-18 QUEENS BLVD.		200	A1/5T 18/251TT	
CITY-SI-ZIP	FOREST HILLS, NY 11375		טט	NOT WRITE	
TITLE	MGR		181	THIS SPACE	
NAME	BRONSTEIN, CARYN		11.4	I FIIS SPACE	
STREET ADDRESS	108-18 QUEENS BLVD.				
CITY-ST-ZIP	FOREST HILLS, NY 11375				
TITLE	MGR				
NAME	RUDOFSKY, BARRY				
STREET ADDRESS	108-18 QUEENS BLVD.	į			
CITY-ST-ZIP	FOREST HILLS, NY 11375				
TITLE					
NAME		i			
STREET ADDRESS					
city-S)-Zip					
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.					

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE