

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M96000000049**

1. Entity Name  
**EDENWALD ASSOCIATES, L.L.C.**



Principal Place of Business  
**2432 GRAND CONCOURSE  
BRONX, NY 10458**

Mailing Address  
**2432 GRAND CONCOURSE  
BRONX, NY 10458**

**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**13-3376457**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCHUR, ROBERT ESQ.  
5250 N. KENDALL DRIVE  
CORAL GABLES, FL 33156**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
ROSENBLUM, MICHAEL  
2432 GRAND CONCOURSE  
BRONX, NY 10458**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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05/05/04-80035-025 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

Date

Daytime Phone #

4/29/04