

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT# M97000000884

1. Entity Name
COMPREHENSIVE PLANNING-GOODMAN, LLC



Principal Place of Business
**1133 SO. UNIVERSITY DR.
SUITE 200
FORT LAUDERDALE, FL 33324**

Mailing Address
**1133 SO. UNIVERSITY DR.
SUITE 200
FORT LAUDERDALE, FL 33324**



07192004 No Chg-LLC

CR2E083(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3240958

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROUGH, HERBERT L
16353 FERNDRIVE
FORT LAUDERDALE, FL 33326**

**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 if applicable.

(NOTE: Registered Agent's signature is required when re-

instating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MBR
LEVY, MARK D
44 SADDLE LANE
ROSLYN HEIGHTS, NY 11577**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MBR
ROUGH, HERBERT L
16353 FERNDRIVE
FORT LAUDERDALE, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MBR
GOODMAN, PHILIP
17 SOUTH DRIVE
ROSLYN, NY 11576**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000167769
07/22/04-80008-008 50.00

**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 19.07(3)(i), Florida Statutes. If 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#

7/19/04