


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M98000000377 1. Entity Name WEINRIB/COLE REAL ESTATE LLC |  |
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| Principal Place of Business 15 EAST NORTH STREET DOVER, DE 19901 | Mailing Address 15 EAST NORTH STREET DOVER, DE 19901 |
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01232004 No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 52-2080438 | Applied For Not Applicable |
| 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 WEINRIB, JEROME 777 SOUTH CONGRESS AVENUE DELRAY BEACH, FL 33445 | DO NOT WRITE IN THIS SPACE |
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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 _____
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 | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WEINRIB, JEROME 777 SOUTH CONGRESS AVENUE DELRAY BEACH, FL 33445 |
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~~02/02/02 00001-015 50.00~~

 U00000028882
 02/04/04-80042-013 50.00

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:  DATE: 1-26-04 DAYTIME PHONE #: 212 473-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #