

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000063

FILED
Apr 28, 2004
Secretary of State

Entity Name: IRA HOLTZ & ASSOCIATES, LLC

Current Principal Place of Business:

91 FRIENDSHIP STREET
PROVIDENCE, RI 02903

New Principal Place of Business:

Current Mailing Address:

91 FRIENDSHIP STREET
PROVIDENCE, RI 02903

New Mailing Address:

FEI Number: 05-0495786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROBMAN, BOB
273 FIDDLERS POINT DRIVE
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HOLTZ, IRA
Address: 91 FRIENDSHIP ST.
City-St-Zip: PROVIDENCE, RI 02903

Title: MGRM () Delete
Name: GROBMAN, BOB
Address: 273 FIDDLERS POINT DRIVE
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: IRA HOLTZ

MGR

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date