


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 16, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000000063 1. Entity Name IRA HOLTZ & ASSOCIATES, LLC	
---	---

Principal Place of Business 91 FRIENDSHIP STREET PROVIDENCE, RI 02903	Mailing Address 91 FRIENDSHIP STREET PROVIDENCE, RI 02903
---	---

DO NOT WRITE IN THIS SPACE

09122005No Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0495786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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.

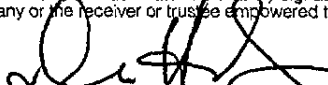
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLTZ, IRA 91 FRIENDSHIP ST. PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GROBMAN, BOB 273 FIDDLERS POINT DRIVE ST AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 119.07(3)(f), 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:  **9/13/05**

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