

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State

07-29-2004 90145 004 ****50.00

DOCUMENT # M99000000894 1. Entity Name BARRY KAYE MANAGEMENT COMPANY, L.L.C.					
Principal Place of Business 17791 SAXONY COURT BOCA RATON, FL 33196			Mailing Address 5100 TOWN CENTER CIRCLE, #400 BOCA RATON, FL 33486		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 550			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAYE, BARRY 5100 TOWN CENTER CIRCLE TOWER II, #400 550 BOCA RATON, FL 33486				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KAYE, BARRY 5100 TOWN CENTER CIRCLE, SUITE 400 550 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MBR KAYE, BARRY 5100 TOWN CENTER CIRCLE, SUITE 400 550 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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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)(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 606, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 7/26/04 561-417-5883		