

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90067 040 ****55.00

DOCUMENT # L00000006039

1. Entity Name

EFANAR, L.L.C.



Principal Place of Business

22459 TIKI DRIVE
BOCA RATON FL 33428

Mailing Address

5838 C NORTH KINGS HWY.
ALEXANDRIA VA 22303

2. Principal Place of Business

3000 EAST SUNRISE BLVD

3. Mailing Address

3000 EAST SUNRISE BLVD

Suite, Apt. #, etc.

APT 4G

Suite, Apt. #, etc.

APT 4-G

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

Zip

33304

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

65-1011012

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, RAFAEL
1043 LAVENDER CIRCLE
WESTON FL 33327

7. Name and Address of New Registered Agent

Name

RODRIGUEZ, RAFAEL

Street Address (P.O. Box Number is Not Acceptable)

3000 EAST SUNRISE BLVD

City

FORT LAUDERDALE

FL

Zip Code

33304

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME RODRIGUEZ, RAFAEL
STREET ADDRESS 1043 LAVENDER CIRCLE
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME RODRIGUEZ, RAFAEL
STREET ADDRESS 3000 EAST SUNRISE BLVD
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rafael Rodriguez

RAFAEL RODRIGUEZ

3/25/04

577
703 597 6426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #