2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000009794

1. Entry Name
WILLOW ACQUISITIONS, L.L.C.

FILED Apr 23, 2004 08:00 AM Secretary of State

Principal Place of Business

500 E BROWARD BLVD

STE 1950 FORT LAUDERDALE, FL 33394 Mailing Address

500 E BROWARD BLVD STE 1950 FORT LAUDERDALE, FL 33394



03312004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number 52-2262197	 Applied For Not Applicable		
5.	Certificate of Status Desired	\$5.00 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARDIN, DAVID C 500 E BROWARD BLVD STE 1950 FORT LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of chait the obligations of registered agent	nging its registered office or registered agent, or	r both, in the State of Florida	t am familiar with, and accept
SIG	SNATURE	(NOTE Bonstored Agent Signature required when renetation		DATE

Filing Fee is \$50.00 Due by May 1, 2004

04/26/04-80003-025 **50.**00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASE, RITA 949 HILLSBORO MILE POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-2IP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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)(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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE;

CITY-ST-ZIP

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

4/15/04

954-377-7420

Daytime Phone #
