

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000013044  
 1. Entity Name  
 TAMARAC CENTER, LLC



Principal Place of Business 10933 WELLWORTH AVE., #6 LOS ANGELES, CA 90024	Mailing Address 10933 WELLWORTH AVE., #6 LOS ANGELES, CA 90024
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**DO NOT WRITE IN THIS SPACE**

07062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2579380	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  
 ANTHONY, JOHN  
 501 E. KENNEDY BLVD., STE. 1400  
 TAMPA, FL 33601

**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 8, 2004**

1100000188993  
 07/19/04-80006-023 50.00

**B. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST BAKER, CONRAD C 10933 WELLWORTH AVE E6 LOS ANGELES, CA 90024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BAKER, CONRAD C 10933 WELLWORTH AVE E6 LOS ANGELES, CA 90024
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**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)(b), 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: Conrad C. Baker President 7/14/04 310-445-2528

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