2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L00000013782



FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90073 011 ****50.00

1. Entity Nam	MACHINES, LLC.					0120200	1,000,13	VII	30.00	
	e of Business LIAN AVENUE SO., SUITE 110 BEACH, FL 33401	Mailing Address 500 AUSTRALIAN AVENUE SO., SUITE 110 WEST PALM BEACH, FL 33401		0	24057540					
2. Principal P	tace of Business	3. Mailing Address								
Suite Apt. #, etc. Suite 120		Suite, Apt. #, etc. Suite 120			02112004	Chg-LLC	CR2E	083 (10/03)	
City & State		City & State			 				Applied For Not Applicable	
Zip	Country	Zip	Country			of Status Desired		\$5.00 A	dditional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	Agent		
·DUODES-	PAUL~ · -·	.	Name			المحاصلة المحاد المحاد المنتقد المحاد				
500 AUST	PAUL RALIAN AVENUE SO., SUITE: LM BEACH, FL 33401	x10 120	Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City	- ·			FL	Zip Co	nde	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or	r registere	d agent, or bo	th, in the State of I	Florida. I am	familiar with	n, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signate	ure required w	vhen reinstating)		DATE			
 -		Τ				-				
Fi Do	ling Fee is \$50.00 ue by May 1, 2004	;			,		ike check j da Departn			
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITION	S/CHANGES	3		
TITLE	MGRM	☐ Delete	TITLE	-				☐ Change	e 🔲 Addition	
NAME' STREET ADDRESS	RHODES, PAUL 500 AUSTRALIAN AVE SO E110		STREET ADDRESS	500	Austr	alian A	ve So	#120		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ı				☐ Change	Addition	
indicated	certify that the information supplied with on this report is true and accurate and billity company or the receive for trustee	that my signature shalf have the empowered to execute this re	he same legal effe eport as required l	ot as if ma by Chapte	ade under oati er 608, Florida	n; that I am a man	aging memb	rtify that the er or mana	ger of the	