2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L01000007545

Entity Name: TRANSEASTERN VERSAILLES, LLC

Current Principal Place of Business:

3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 59-3718329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIFIORE, CORA
3300 UNIVERSITY DR
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	FALCONE, ARTHUR	
Address:	3300 UNIVERSITY DR	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	MGRM	( ) Delete
Name:	FALCONE, EDWARD	
Address:	3300 UNIVERSITY DR	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	MGRM	( ) Delete
Name:	EISNER, NEIL	
Address:	3300 UNIVERSITY DR	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	MGRM	( ) Delete
Name:	DIFIORE, CORA	
Address:	3300 UNIVERSITY DR	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	MGRM	( ) Delete
Name:	EVASIUS, JOHN	
Address:	3300 UNIVERSITY DR	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	V	( ) Delete
Name:	ICKOVIC, JAN	
Address:	3300 UNIVERSITY DR. STE. 001	
City-St-Zip:	CORAL SPRINGS, FL 33065	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	ICKOVIC, JAN	
Address:	3300 UNIVERSITY DR. STE. 001	
City-St-Zip:	CORAL SPRINGS, FL 33065	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ARTHUR FALCONE MGRM 04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date