


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000017739
 1. Entity Name
 VOLCANO PARTNERS LLC



Principal Place of Business: 1121 CRANDON BLVD., STE. F907, KEY BISCAYNE, FL 33149
 Mailing Address: 1121 CRANDON BLVD., STE. F907, KEY BISCAYNE, FL 33149

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03172004 No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 11-3681206 Applied For: Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ENDACOTT, ROBERT D
 1121 CRANDON BLVD
 F 907
 KEY BISCAYNE, FL 33149

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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 _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ENDACOTT, ROBERT
STREET ADDRESS	1121 CRANDON BLVD F 907
CITY - ST - ZIP	KEY BISCAYNE, FL 33149
TITLE	MGR
NAME	WRIGHT, RANDOLPH
STREET ADDRESS	255 EAST BROWN ST S 320
CITY - ST - ZIP	BIRMINGHAM, MI 48009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Robert Endacott - ROBERT ENDACOTT 4/15/04 (305)-361-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #