


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000003073
 1. Entity Name
 BUSSEL PHILANTHROPY ASSOCIATES, L.L.C.



Principal Place of Business
 1000 VENETIAN WAY #802
 MIAMI, FL 33139

Mailing Address
 1000 VENETIAN WAY #802
 MIAMI, FL 33139

DO NOT WRITE IN THIS SPACE



04202004No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0012175	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

BUSSEL, DEBORAH
 1000 VENETIAN WAY #802
 MIAMI, FL 33139

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUSSEL, DEBORAH L 1000 VENETIAN WAY #802 MIAMI, FL 33139
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10/05/04-80077-025 50.00

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

SIGNATURE: X DEBORAH BUSSEL *Deborah Busse* X 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #