## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 29, 2004 08:00 AN Secretary of State

	ANNUA	L_REPORT	· · · · · · · · · · · · · · · · · · ·		. Wa	r 29, 2004 Secretary	U8:UU /
1. Entity Nam	MENT # L0200001	16148	( <u>)</u>			Secretary	of State
Principal Place 16135 NW U ALACHUA, FL	S HIGHWAY 441, SUITE 20	Mailing Address 1326 EAST LUM BRANDON, FL 3			1 17641101 611 611106 11641 6644		
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	O NOT WHIT		POFAL Programi Programa		4. FEI Number 41-2050656  5. Certificate of Status Des	ired 🗆 \$5.	Applied For Not Applicable 00 Additional Required
	6. Name and Address of Curre	ent Registered Agent	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·*···	, 00	
	CHRISTOPHER H DE PARK AVENUE L 33606		To Carlo		DO NOT IN THIS		
the obligati	named entity submits this statement ons of registered agent.		٠٠ عد ٠٠	d office or register	· <u>· · · · · · · · · · · · · · · · · · </u>	of Florida, I am famil	iar with, and accept
Dt.	ling Fee is \$50.00 ie by May 1, 2004	200 Tanan		arte the special	ti00 1 <u>5 - 15 - 03</u> /29/	000098919 04 <u>-</u> 80062-010	3 50.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEN MGR KAZBOUR, TALAL A 1326 EAST LUMSDEN ROAD BRANDON, FL 33511	MBERS/MANAGERS					
STREET ADDRESS CITY-ST-ZIP TITLE NAME			<u> </u>	=			gradina Haranda Martina <mark>a</mark>
STREET ADDRESS CITY-ST-ZIP TITLE		<u></u>	<u></u>		DO NOT		
NAME STREET ADDRESS CITY-S1-ZIP TITLE		- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			\_ \_ \	19 <i>-1</i> 
NAME STREET ADDRESS CITY-ST-ZIP		<u>., </u>			and the second s		1 <del>1</del> 2
TITLE NAME							na e e e e e e e e e e e e e e e e e e e

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

SIGNATURE:

SIGNATURE AND TREED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

Date \_\_\_\_

Daytime Phone #