


08-18-2004 90078 004 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000020427

1. Entry Name
S2 TECHNOLOGIES, LLC



Principal Place of Business
**5375 N HIATUS RD
SUNRISE, FL 33351**

Mailing Address
**17939 LAKE ESTATES DRIVE
BOCA RATON, FL 33496**

24080147



2. Principal Place of Business
3200 Meridian Parkway

3. Mailing Address
Suite, Apt. #, etc.

City & State
Weston, FL

Zip
33331

Country

07082004 Chg-LLC CR2E083 (10/03)

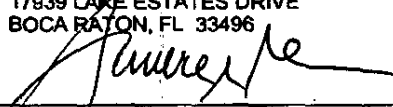
4. FEI Number
71-0902311

Applied For
 Not Applicable

6. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SOBEL, SAM
17939 LAKE ESTATES DRIVE
BOCA RATON, FL 33496**



7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 retreating)

**Filing Fee is \$50.00
Due by September 6, 2004**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS /CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SOBEL, SAMUEL R 17939 LAKE ESTATES DR BOCA RATON, FL 33496 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CT SPARROW, DANIEL E 7705 SOLIMAR CIR BOCA RATON, FL 33433 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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:  **7-13-04 561-852-8491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #