


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # L02000024983
1. Entity Name
AEGEAN VENTURES, LLC



Principal Place of Business Mailing Address
1551 FORUM PLACE, SUITE 400-B 1551 FORUM PLACE, SUITE 400-B
WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE



04232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2080128	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, STUART B
C/O STUART B. KLEIN, P.A.
1551 FORUM PLACE, SUITE 400-B
WEST PALM BEACH, FL 33401

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IN THIS SPACE**

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

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

U00000134370
04/28/04 80016-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAFITIS, KATHY 370 MERCURY ROAD, #2 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEIN, STUART B 1551 FORUM PLACE, SUITE 400-B WEST PALM BEACH, FL 33401
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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)(f), 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: Stuart B Klein 4/26/04 (561) 478-1566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
STUART B KLEIN