


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90448 008 \*\*\*\*50.00

DOCUMENT # L02000025774

1. Entity Name  
 BIANKA, LLC



Principal Place of Business  
 6738 W. SUNRISE BLVD.  
 106  
 PLANTATION, FL 33313 US

Mailing Address  
 6738 W. SUNRISE BLVD.  
 106  
 PLANTATION, FL 33313 US

2. Principal Place of Business (under  
 201 N. Pine Island - construction)  
 Suite, Apt. #, etc.

3. Mailing Address  
 3111 N. University Dr.  
 Suite, Apt. #, etc.  
 Suite 720

City & State  
 Plantation, FL

City & State  
 Coral Springs, FL

Zip  
 33324

Country  
 USA

Zip  
 33065

Country  
 USA



02112004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 03-0485050

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ABAE, MICK MD  
 6738 W. SUNRISE BLVD.  
 106  
 PLANTATION, FL 33133

7. Name and Address of New Registered Agent  
 Name  
 Abae, Mick MD  
 Street Address (P.O. Box Number is Not Acceptable)  
 3111 N. University Dr.  
 Suite 720  
 City  
 Coral Springs FL Zip Code  
 33065

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**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABAC, MICK MD 6738 W SUNRISE BLVD S-106 PLANTATION, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Abae, Mick MD 3111 N. University Dr #720 Coral Springs, FL 33065 <input checked="" 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
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: Mick Abae (Mick Abae) Date: \_\_\_\_\_ Daytime Phone #: 954-584-2273

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