

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027322

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: PLENN VIBES ENTERTAINMENT, LLC

**Current Principal Place of Business:**

4493 NW 8 AVENUE, #4  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5944  
FT LAUDERDALE, FL 33310

**New Mailing Address:**

FEI Number: 55-0803859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRESSOIR, SHIRLEY B  
4493 NW 8 AVENUE #4  
OAKLAND PARK, FL 33309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: PRESSOIR, SHIRLEY B  
Address: 4493 NW 8TH AVE #4  
City-St-Zip: OAKLAND PARK, FL 33309

Title: MGR ( ) Delete  
Name: PRESSOIR, NESLY  
Address: 4493 NW 8TH AVE #4  
City-St-Zip: OAKLAND PARK, FL 33309

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHIRLEY B. PRESSOIR

MGR

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date