


FILED
May 03, 2004 8:00 am
Secretary of State

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

04-16-2004 90408 013 ****50.00

DOCUMENT # L03000040591

1. Entity Name
2320 VENTURES LLC



Principal Place of Business 590 GOOLSBY BOULEVARD DEERFIELD BEACH, FL 33442	Mailing Address 590 GOOLSBY BOULEVARD DEERFIELD BEACH, FL 33442
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04062004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**BAGDASARIAN, RICHARD C ESQ.
1800 CORPORATE BOULEVARD, N.W.
SUITE 302
BOCA RATON, FL 33431**

4. FEI Number
20 0483998

Applied For
 Not Applicable

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

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.

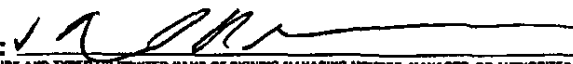
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	MGRM	<input type="checkbox"/> Delete		TITLE	Member mgr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SANSONE, DAVID			NAME	Nicholas Sansone		
STREET ADDRESS	590 GOOLSBY BOULEVARD			STREET ADDRESS	590 Goolsby Boulevard		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP	Deerfield Beach, FL 33442		
TITLE		<input type="checkbox"/> Delete		TITLE	Member MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Scott Sansone		
STREET ADDRESS				STREET ADDRESS	590 Goolsby Boulevard		
CITY-ST-ZIP				CITY-ST-ZIP	Deerfield Beach, FL 33442		
TITLE		<input type="checkbox"/> Delete		TITLE	Member MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Bonnie Sansone		
STREET ADDRESS				STREET ADDRESS	590 Goolsby Boulevard		
CITY-ST-ZIP				CITY-ST-ZIP	Deerfield Beach, FL 33442		
TITLE		<input type="checkbox"/> Delete		TITLE	Member MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Mary Jo Sansone		
STREET ADDRESS				STREET ADDRESS	590 Goolsby Boulevard		
CITY-ST-ZIP				CITY-ST-ZIP	Deerfield Beach, FL 33442		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  **4/13/04** **954-28-8919**

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