


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000009
1. Entity Name
EUROINSIGHT, L.C.



| | |
|--|--|
| Principal Place of Business 125 ROCKINGHAM RD. JUPITER, FL 33458 | Mailing Address 125 ROCKINGHAM RD. JUPITER, FL 33458 |
|--|--|

DO NOT WRITE IN THIS SPACE



03042003 No Chg-LLC CR2E083 (10/03)

| | |
|---|------------------------------------|
| 4. FEI Number 65-0716690 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fees Required |

6. Name and Address of Current Registered Agent

ROBERT W FEDERSPIEL, PA, LAW OFFICE
151 NW 1ST AVE
DELRAY BEACH, FL 33444

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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 _____ 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 September 8, 2004**

U00000160324
05/19/04-80001-021 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM OPRESCU, ALEX S 125 ROCKINGHAM RD JUPITER, FL 33458 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GRAF, GUNTHER 125 ROCKINGHAM RD JUPITER, FL 33458 |
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IN THIS SPACE**

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:  ALEX S. OPRESCU 05/10/04 561.624.0171

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