


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000007000  
 1. Entity Name  
 GINGER POT, LLC



Principal Place of Business      Mailing Address  
 5030 CHAMPION BLVD., #GK-286      5030 CHAMPION BLVD., #GK-286  
 BOCA RATON, FL 33496              BOCA RATON, FL 33496

**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 22-3689106      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MENOR, ARTHUR J  
 C/O SHUTTS & BOWEN LLP  
 250 S. AUSTRALIAN AVENUE, SUITE 500  
 WEST PALM BEACH, FL 33401

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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 translating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CERISANO, PATRICIA 5030 CHAMPION BLVD., G6-286 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CERISANO, MICHAEL 5030 CHAMPION BLVD., G6-286 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000144113  
 04/30/04-80118-008 \$5.00

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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: Michael P. Cerisano      4/4/04      561-835-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #