



**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90227 015 \*\*\*\*50.00

<b>DOCUMENT # M03000000361</b>			
1. Entity Name <b>ABC DISTRIBUTING, LLC</b>			
Principal Place of Business <b>14445 N.E. 20TH LANE NO. MIAMI, FL 33181-1446</b>		Mailing Address <b>14445 N.E. 20TH LANE NO. MIAMI, FL 33181-1446</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>52-2305457</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., STE. 125 CORAL GABLES, FL 33146</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, Wordmark, or Print of Registered Agent and Title (if applicable) (NOTE: Registered Agent Signature required when re-electing)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ABC LTD GROUP L.P. <input type="checkbox"/> Delete</b> <b>14445 NE 20 LANE</b> <b>NO. MIAMI FL 33181</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>ABC LTD GROUP L.P.</b> <b>14445 NE 20 LANE NO. MIAMI FL 33181</b>
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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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
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: 		<b>2/20/04 305 989 1284</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Printed</small>	

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