


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000024236</b> 1. Entity Name <b>FARALDO ENTERPRISES, LLC</b>	
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Principal Place of Business <b>47 BAY DRIVE-BAY POINT KEY WEST FL 33040</b>	Mailing Address <b>47 BAY DRIVE-BAY POINT KEY WEST FL 33040</b>
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MOORE CR2E083 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State
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4. FEI Number <b>13-4215304</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>URBANIK, FARALDO 47 BAY DRIVE-BAY POINT KEY WEST FL 33040</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		Delete
TITLE	MGRM	<input type="checkbox"/>
NAME	URBANIK, ELSIE FARALDO	
STREET ADDRESS	47 BAY DRIVE-BAY POINT	
CITY - ST - ZIP	KEY WEST FL 33040	
		<input type="checkbox"/>
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
		<input type="checkbox"/>
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
		<input type="checkbox"/>
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
		<input type="checkbox"/>

10. ADDITIONS/CHANGES		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
		<input type="checkbox"/>	<input type="checkbox"/>
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
		<input type="checkbox"/>	<input type="checkbox"/>
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
		<input type="checkbox"/>	<input type="checkbox"/>

1100000025554  
02/02/04-80110-007 50.00

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: <u>Elsie F. Urbanik</u> <b>ELSIE F. URBANIK</b>	Date: <u>1-28-04</u>	Daytime Phone #: <u>305296-7711</u>
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