


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-21-2004 90454 033 *****50.00
L03000043872

FILED
04 JUL -7 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DOCUMENT # L03000043872

1. Entity Name
PORT EVERGLADES PARTNERS, LLC



| | |
|--|--|
| Principal Place of Business 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020 US | Mailing Address 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020 US |
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|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|--|--|



04022004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID, BENNETT L III
3300 N. 29TH AVENUE
#101
HOLLYWOOD, FL 33020

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 re-filing)
Signature, typed or printed name of registered agent and title if applicable. 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 | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PEP MANAGEMENT, INC. | | | NAME | | | |
| STREET ADDRESS | 3300 N. 29TH AVENUE #101 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 | | | 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 | | | |
| 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 | | | |
| 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:  DATE: 4/16/04 TIME: 9549257100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE