


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90002 021 \*\*\*\*50.00

<b>DOCUMENT # L00000000539</b>	
1. Entity Name <b>CAR-SAR EQUITIES, LLC</b>	

Principal Place of Business <b>2933 WEST STATE ROAD 434, SUITE 131 LONGWOOD, FL 32779</b>	Mailing Address <b>2933 WEST STATE ROAD 434, SUITE 131 LONGWOOD, FL 32779</b>
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2. Principal Place of Business <b>6000 MetroWest Blvd Suite, Apt. #, etc. Suite 105 City &amp; State Orlando FL Zip 32835 Country USA</b>	3. Mailing Address <b>6000 MetroWest Blvd Suite, Apt. #, etc. Suite 105 City &amp; State Orlando FL Zip 32835 Country USA</b>
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04302004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3623137</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 <b>TATICH, PHILIP 2933 W. SR 434, SUTIE 131 341 N. MAITLAND AVE., SUTIE 340 LONGWOOD, FL 32779</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANTOR, JOSEPH 2933 WEST STATE ROAD 434, SUITE 131 LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6000 MetroWest Blvd Suite 105 Orlando FL 32835</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIV, MOSHE 144 WEST 77TH STREET NEW YORK, NY 10023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6000 MetroWest Blvd Suite 105 Orlando FL 32835</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
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
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
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:**

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

**Joseph Kantor Managing Member 4/29/04**

Date

Daytime Phone #