


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90275 029 ****50.00

DOCUMENT # L00000001686

1. Entity Name
BESATISFIED LLC



Principal Place of Business
**3475 WEST HILLSBORO BLVD.
 DEERFIELD BEACH, FL 33442**

Mailing Address
**3475 WEST HILLSBORO BLVD.
 DEERFIELD BEACH, FL 33442**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0986698		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
SCHIMMEL, JOSEPH BARRY ESQ. 9400 SOUTH DADELAND BLVD. SUITE 600 MIAMI, FL 33156		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 _____
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 P NAME FERNSEL, OTTO STREET ADDRESS 2900 NE 14TH ST. #806 CITY-ST-ZIP POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE P NAME FERNSEL, OTTO STREET ADDRESS 2900 NE 14th ST. #511 CITY-ST-ZIP POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME LIPSON, ERIC STREET ADDRESS 9090 NW 53RD CITY-ST-ZIP CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME TEBLUM, RONALD STREET ADDRESS 10635 NW 66TH CRT CITY-ST-ZIP PARKLAND, FL 33076	<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: Otto F Farnsel **3/5/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #