


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000004713 1. Entity Name S. AND M. WEB ENTERPRISES, L.L.C.	
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Principal Place of Business 320 TORCHWOOD AVENUE PLANTATION, FL 33324	Mailing Address 320 TORCHWOOD AVENUE PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1013501	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

LAPIDUS, MICHAEL L
320 TORCHWOOD AVENUE
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

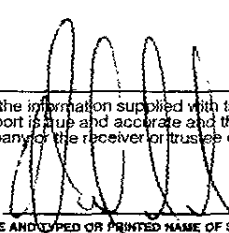
**Filing Fee is \$50.00
Due by May 1, 2004**

000000114829
04/15/04-800655-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAPIDUS, MICHAEL L 320 TORCHWOOD AVENUE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAPIDUS, SUSAN 320 TORCHWOOD AVENUE PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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:  Michael L. Lapidus 4/12/04 (954) 424-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #