2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000006829

1. Entity Name
LAVIAN, LLC

Principal Place of Business	Mailing Address
3010 N.E. 46TH STREET LIGHTHOUSE POINT, FL 33064	3010 N.E. 46TH STREET LIGHTHOUSE POINT, FL 33064

24065259

04072004   Chg-LLC   CR2E083 (10/03)

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

Zip	Country	Zip	Country

4. FEI Number	Applied For
65-1105738	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDING, STEPHEN M ~~1475 W CYPRESS CREEK ROAD~~ ~~SUITE 204~~ FORT LAUDERDALE, FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) 1000 N.W. 65TH. ST. SUITE 200 FT. LAUDERDALE, FL. 33309 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	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BALSAMO, MARIA		NAME		
STREET ADDRESS	3010 NE 46TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: X _Maria Balsamo_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #