


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007296 1. Entity Name EXPONENTIAL GROWTH PARTNERS, L.L.C.	
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Principal Place of Business % EVAN R. MARBIN & ASSOCIATES, P.A. 48 EAST FLAGLER STREET, SUITE PH-104 MIAMI, FL 33131	Mailing Address % EVAN R. MARBIN & ASSOCIATES, P.A. 48 EAST FLAGLER STREET, SUITE PH-104 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1083242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARBIN, EVAN R ESQUIRE
EVAN R. MARBIN & ASSOCIATES, P.A.
48 EAST FLAGLER STREET, SUITE PH-104
MIAMI, FL 33131

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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 _____
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TINSKY, LORRAINE 4000 ISLAND BLVD., #404 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Lorraine Tinsky, Mgrm 4-28-04 9844553005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
Lorraine Tinsky, Manager