

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000012901

1. Entity Name  
PESCADOR, LLC



Principal Place of Business  
1925 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

Mailing Address  
1925 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**



03192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-1071194

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KULUNAS, JOSEPH J  
ONE CLEARLAKE CENTRE, SUITE 1100  
250 AUSTRALIAN AVENUE SOUTH  
WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_

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**

U000000126279  
04/23/04-80027-017 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
OCEPEK, ANTHONY S  
1925 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
OCEPEK, MARK T  
1925 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/04 561-547-5730