


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000013278</b>	
1. Entity Name PILOTCO, LLC	

Principal Place of Business 15001 N.W. 42ND AVENUE, BUILDING 47 STE 9 MIAMI, FL 33054	Mailing Address 2060 BISCAYNE BLVD., 2ND FLOOR MIAMI, FL 33137
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04072004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1057082	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRIEGER, STANLEY ESQUIRE  
 2060 BISCAYNE BOULEVARD, 2ND FLOOR  
 MIAMI, FL 33137

**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**

U00000111050  
 04/12/04-80107-014 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRAMAN, NORMAN 2060 BISCAYNE BLVD., 2ND FLOOR MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KRIEGER, STANLEY J 2060 BISCAYNE BLVD 2ND FLR MIAMI, FL 33137
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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:**  **4/8/04** **305/576-1889**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #