2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2004
Secretary of State

DOCUMENT# L00000013457

Entity Name: THE TOFINO GROUP, LLC

Current Principal Place of Business:

10000 STIRLING ROAD, STE. 1
COOPER CITY, FL 33024

New Principal Place of Business:

Current Mailing Address:

10000 STIRLING ROAD, STE. 1
COOPER CITY, FL 33024

New Mailing Address:

FEI Number: 37-1430244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTMAN, BRADLEY S
10000 STIRLING ROAD, SUITE 1
COPPER CITY, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SHAMBORA, PAUL
Address: 3020 NORTH 34TH ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM ( ) Delete
Name: HARTMAN, BRADLEY S
Address: 10000 STIRLING RD, STE 1
City-St-Zip: COOPER CITY, FL 33024

Title: MGRM ( ) Delete
Name: JACOBSON, MEL S
Address: 3825 HENDERSON BLVD, STE 100
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRADLEY S. HARTMAN MGRM 04/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date