

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-24-2004 90098 047 *****55.00

DOCUMENT # L00000013861 1. Entity Name 790 HILLBRATH DRIVE L.L.C.					
Principal Place of Business 790 HILLBRATH DR. LANTANA, FL 33462			Mailing Address 790 HILLBRATH DR. LANTANA, FL 33462		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01142004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-1058289				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GUSMANO, CHARLES 790 HILLBRATH DR LANTANA, FL 33462			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR LOMANGINO, ANTHONY 520 SOUTH BEACH RD HOBE SOUND, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M LOMANGINO, ANTHONY 520 South Beach Rd Hobe Sound FL 33455 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUSMANO, CHARLES 7861 VENTURE CTR WAY BOYNTON BEACH, FL 33437	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M GUSMANO, CHARLES 790 Hillbrath Drive LANTANA, FL 33462 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOMANGINO, ROBERT 206 ANHINGA LANE JUPITER, FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M LOMANGINO, ROBERT 206 ANHINGA LANE JUPITER, FL 33458 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FARACHE, AHRON 16294 VIA VENETIA WAY DELRAY BEACH, FL 33484	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER AHRON FARACHE 16294 VIA VENETIA WAY Delray Beach FL 33484 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			2/12/04 561.592-6688		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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