2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Jan 28, 2004 08:00 AM **DOCUMENT # L00000013974 Secretary of State** 1. Entity Name STEVEN J. CORSO LLC Principal Place of Business Mailing Address 1850 FOREST HILL BLVD., STE 204 WEST PALM BEACH FL 33406 1850 FOREST HILL BLVD., STE 204 WEST PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Act # etc. MOORE CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 65-1060766 Not Applicable 7:0 Country Z₂D Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORSO, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 1850 FOREST HILL BLVD., STE 204 WEST PALM BEACH FL 33406 City 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title diapplicable (NOTE Flegisterod Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Change Addition MGRM TITLE Delete TITLE NAME CORSO, STEVEN J NAME Ü00000016178 STREET ADDRESS STREET ADDRESS 1850 FORREST HILL BLVD., STE 204 C3TY-S3-732 WEST PALM BEACH FL 33406 CHY-ST-ZIP U1/28/U4-80045-011 50.00 TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Thance Chance ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 1333 F ☐ Change Addition TITLE ☐ Delete NAME PARASE STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete BILE NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP 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 cath; that I am a managing member or manager of the limited liability company or the receiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**