## 2004 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT (AR)** May 17, 2004 8:00 am Secretary of State DOCUMENT # L00000015779 1. Entity Name 05-17-2004 90567 030 \*\*\*\*50.00 CN VENTURE, L.L.C. Principal Place of Business Mailing Address C/O THE LAW OFFICES OF CAROL M. LUTTA 545 MADISON AVE., 3RD FLOOR NEW YORK NY 10022 C/O THE LAW OFFICES OF CAROL M. LUTTA 545 MADISON AVE., 3RD FLOOR NEW YORK NY 10022 2. Principal Place of Business Law offices of 3. Mailing Address Law Offices of Carol M. Luttati arol M. I Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 150 East 58 50 East City & State City & State 4. FEI Number Applied For 13-4153945 New York رسه Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired 10155 10155 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 S. DADELAND BLVD., STE. 508 **MIAMI FL 33156** 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TLE MGRM TITLE MGRM ☐ Delete Change Addition NAME PDC ENTERPRISES, INC. NAME PDC Exterprises he. 150 East 58th Street, 12th Flow STREFT ADDRESS 545 MADISON AVENUE, 3RD FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10022 CITY-ST-ZIP UY NY 10155 TITLE MGRM Delete TITLE ☐ Addition ☐ Change NAME MARLENE D'ARCY, INC. NAME STREET ADDRESS 1100 SW 12TH AVENUE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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