## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000003972

1. Entity Name AYAD COMPANY, L.L.C.

Mailing Address

840 SOUTH GRAND HIGHWAY CLERMONT, FL 34711

Principal Place of Business

840 SOUTH GRAND HIGHWAY CLERMONT, FL 34711

## FILED Feb 18, 2004 08:00 AM Secretary of State



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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For Not Applied Solution Not Applied Not

6. Name and Address of Current Registered Agent

AYAD, OSAMA 840 SOUTH GRAND HIGHWAY CLERMONT, FL 34711

**SIGNATURE:** 

## 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				
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				U00000055537 02/18/04-80005-008-50.00
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY+ST+ZIP	MGR AYAD, OSAMA 840 SOUTH GRAND HIGHWAY CLERMONT, FL 34711			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AYAD, AMGAD 840 SOUTH GRAND HIGHWAY CLERMONT, FL 34711			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+SI - ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS 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 elignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.				