## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000004632

ARIZONA PREPAID PRODUCTS, LLC



**FILED** Apr 27, 2004 08:00 AM Secretary of State

Principal Place of Business

1215 W. NEWPORT CTR DR. DEERFIELD BEACH, FL 33442 Mailing Address

1215 W. NEWPORT CTR DR. DEERFIELD BEACH, FL 33442



04192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 58-2611759

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKATIA, MOHAMMED A 1215 W. NEWPORT CTR DR. DEERFIELD BEACH, FL 33442

NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chairons of registered agent.	nging its registered office or registered agent, or both, in the S	tate of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstaling)	DATE		
	signature, typed or printed name or registered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
Filing Fee is \$50.00 Due by May 1, 2004		U00000133547 U4/27/04-80032-015_55_00			
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MARKATIA, M.A. 1215 W. NEWPORT CTR DR. DEERFIELD BEACH, FL 33442				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE		1			

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:	~	) - /	クク	mocart	29
SIGNATUR	E AND TYPED OR PR	NTED NAME	OF SIGNING MAS	AGING MEMBER, OR AU	THORIZED REPRESENTATIVE

Date

Daytime Phone #