


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

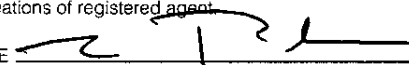
FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90161 010 ****50.00

DOCUMENT # L01000006055			
1. Entity Name LUDO, LLC			
Principal Place of Business 5325 NAIMAN PARKWAY G SOLON OH 44139 US		Mailing Address 10192 BREEZEWAY PLACE BOCA RATON FL 33428	
2. Principal Place of Business 5325 NAIMAN PARKWAY G SOLON OH 44139 US		3. Mailing Address 9779 PALMA VISTA WAY BOCA RATON FL 33428	
City & State SOLON, OH		City & State BOCA RATON, FL	
Zip 44139		Zip 33428	
Country U.S.		Country U.S.	



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent PEARLMAN, JAY C 10192 BREEZEWAY PLACE BOCA RATON FL 33428		7. Name and Address of New Registered Agent Name PEARLMAN, JAY C Street Address (P.O. Box Number is Not Acceptable) 9779 PALMA VISTA WAY City BOCA RATON FL Zip Code 33428	
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  JAY C PEARLMAN DATE 3/5/04			

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEARLMAN, JAY C 10192 BREEZEWAY PLACE BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEARLMAN, JAY C 9779 PALMA VISTA WAY BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **JAY C PEARLMAN** **3/5/04** **440-840-2025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #