


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000007799</b> 1. Entity Name <b>POSITIVE VUE, L.L.C.</b>	
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Principal Place of Business <b>1761 W. HILLSBORO BLVD., STE 401 DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>1761 W. HILLSBORO BLVD., STE 401 DEERFIELD BEACH, FL 33442</b>
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04302004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1138479</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CASTELLANO, JOHN N 1761 W HILLSBORO BLVD., STE 401 DEERFIELD BEACH, FL 33442</b>
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**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 JOHN CASTELLANO  
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CASTELLANO, JOHN 1755 SE TH STREET FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M DINO HOLDING PO BOX 480226 FT. LAUDERDALE, FL 33348
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR D'AGOSTINO, DINO 1170 NORTH FEDERAL HWY FT. LAUDERDALE, FL 33
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000153187  
05/04/04-80119-005 50.00

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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)(f), 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: [Signature] DINO D'AGOSTINO 04/30/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # (954) 427-3773