2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000007847

1. Entity Name
TSI PREPAID, LLC

Principal Place of Business	Mailing Address
1215 W. NEWPORT CTR DR. DEERFIELD BEACH, FL 33442	1215 W. NEWPORT CTR DR. DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

04192004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1104266	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

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

U00000133553
04/27/04-80092-021 55 00

9.	MANAGING MEMBERS/MANAGERS
TITLE	CEO
NAME	MARKATIA, M.A.
STREET ADDRESS	1215 W. NEWPORT CTR DR.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: _____   4/26/04   954-418-8620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #