

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008103

FILED
Apr 22, 2004
Secretary of State

Entity Name: HESETAR, LLC

Current Principal Place of Business:

19311 N.W. 8TH ST.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

8200 NW 66TH TERRACE
TAMARAC, FL 33321

Current Mailing Address:

19311 N.W. 8TH ST.
PEMBROKE PINES, FL 33029

New Mailing Address:

8200 NW 66TH TERRACE
TAMARAC, FL 33321

FEI Number: 65-1107275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COGHLAN, TOM
19311 N.W. 8TH ST.
PEMBROKE PINES, FL 33029

Name and Address of New Registered Agent:

COGHLAN, TOM
8200 NW 66TH TERRACE
TAMARAC, FL 33321

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.

SIGNATURE:

04/22/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MEM () Delete
Name: COGHLAN, TOM
Address: 19311 N.W. 8TH ST.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MEM () Delete
Name: COGHLAN, NINA K
Address: 19311 N.W. 8TH ST.
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COGHLAN, TOM
Address: 19311 N.W. 8TH ST.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR (X) Change () Addition
Name: COGHLAN, NINA K
Address: 19311 N.W. 8TH ST.
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TOM COGHLAN

MGR

04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date