

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/19

FILED
Jun 17, 2004 8:00 am
Secretary of State

05-19-2004 90238 038 ***150.00

34000740



05142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1105965	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEUNIS, IAN
324 SO. POWERLINE ROAD
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 resigning)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BELTRAME, FRANCO 324 S. POWERLINE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HEUNIS, IAN 324 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BELTRAME, BITTORIO 324 S. POWERLINE RD. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BELTRAME, FRANCO 324 S. POWERLINE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOLFF, LESLEY-ANNE 324 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELTRAME, ALEXANDER 324 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

06/11/04 9544258341