


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000008567</b> 1. Entity Name <b>TENSOC, LLC</b>	
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Principal Place of Business <b>565 SW ROMORA BAY-LAKE CHARLES ST. LUCIE WEST, FL 34986</b>	Mailing Address <b>565 SW ROMORA BAY-LAKE CHARLES ST. LUCIE WEST, FL 34986</b>
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**DO NOT WRITE IN THIS SPACE**



03122004 No Chg-LLC

CR2E083 (10/03)

4. FBI Number <b>65-1107581</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET #200  
MIAMI BEACH, FL 33139**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**U000000091937  
03/18/04-80029-003 55.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOISCHKE, WOLFGANG 565 SW ROMORA BAY-LAKE CHARLES ST. LUCIE WEST, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOISCHKE, DEBORAH 565 SW ROMORA BAY-LAKE CHARLES ST. LUCIE WEST, FL 34986
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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:** *Deborah Woischke* **3-10-04** **629-9631**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #