

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008674

FILED
Apr 23, 2004
Secretary of State

Entity Name: RAFOOL FAMILY IMPORTS, L.L.C.

Current Principal Place of Business:

1519 3RD STREET, S.E.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

PO BOX 7286
WINTER HAVEN, FL 338837286

New Mailing Address:

FEI Number: 59-3723235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAFOOL II, RAYMOND J
1519 3RD STREET SE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: RAFOOL II, RAYMOND J
Address: PO BOX 7286
City-St-Zip: WINTER HAVEN, FL

Title: MGRM () Delete
Name: RAFOOL, CHRISTIAN B
Address: PO BOX 7286
City-St-Zip: WINTER HAVEN, FL

Title: MGRM () Delete
Name: DONOHUE, PETER S
Address: 116 LONGO DRIVE
City-St-Zip: AVONDALE, PA 19311

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAYMOND J. RAOOL, II

MRGM

04/23/2004

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