


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000011831 1. Entity Name BRIANA RESIDUALS, L.L.C.	
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Principal Place of Business RG SOLOMON ARCADE MAIN STREET STE. 11 CHARLESTON NEVIS, WEST INDIE,	Mailing Address 3350 BUSCHWOOD PARK DR STE. 160 TAMPA, FL 33618
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**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0566720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  OFFSHORE TRUST SERVICES, INC. 3350 BUSCHWOOD PARK DRIVE STE. 160 TAMPA, FL 33618
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**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FIRST FIDELITY TRUST, LTD RG SOLOMON ARCADE MAIN STREET #11 CHARLESTON NEVIS, WEST INDIE.
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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)(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:  Date: 4/27/04 (813) 933-1150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #