


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90271 041 ****50.00

DOCUMENT # 401000012314	
1. Entity Name PICCADILLY VENTURES LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 526 E PARK AVE Suite, Apt. #, etc.	3. Mailing Address 526 E PARK AVE Suite, Apt. #, etc.
City & State TALLAHASSEE FL	City & State TALLAHASSEE FL
Zip 32301	Country
Zip 32301	Country

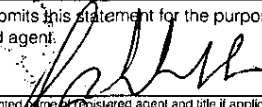
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4. FEI Number N/A	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name NRAI Services, Inc.	
	Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue	
	City Tallahassee	FL Zip Code 32301

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  DATE **5-8-04**

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER SITON, MESS DY RAB, TAREN Y BNAI BRAK ISRAEL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 **5-8-04** Daytime Phone # **56091600**

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

CR2E083B (12/02)