## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## FILED Mar 05, 2004 08:00 AM Secretary of State

1. Entity Nan	MENT # L010000142	31		Secretary of State
Principal Place of Business C/O SCOTT T. RHINE 399 NW BOCA RATON BLVD BOCA RATON, FL 33432  Mailing Address C/O SCOTT T. RHINE 399 NW BOCA RATON BLVD BOCA RATON, FL 33432			A NORMAN DAY DON'NY ARIA FINIT ORIN' BON'N BON'N BON'N DIN'NY DIN'NY HARD NY ALANDRY AN INDA	
DO NOT WRITE IN THIS SPAC  6. Name and Address of Current Registered Agent				03012004 No Chg-LLC
RHINE, SCOTT T 399 NW BOCA RATON BLVD BOCA RATON, FL 33432				DO NOT WRITE IN THIS SPACE
the obligat	Signature typed or printed name of registered agent and liting Fee Is \$50.00 ue by May 1, 2004		ed office or registers	ed agent, or both, in the State of Florida. I am familiar with, and accept when reinstating.  U00000077985
9.	MANAGING MEMBERS	/MANAGERS	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE	MGRM RHINE, SCOTT T 399 NW BOCA RATON BLVD BOCA RATON, FL 33432	100000000000000000000000000000000000000		
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE Name Street address City-St-Zip				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		-		
NAME STREET ADDRESS CITY - ST-ZIP				
11. I hereby o indicated limited lial	pertify that the information supplied with this on this report is true and accurate and the bility company or the reserver or trustee er	s tiling does not qualify for the exer it my signature shall have the same npowered to execute this report as	nption stated in Sec legal effect as if ma required by Chapte	otion 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath, that I am a managing member or manager of the er 608, Florida Statutes.