FILED
Feb 19, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000018347

1. Entity Name
CONSOLIDATED RESOURCES OF SOUTH FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
5119 SUFFOLK DR BOCA RATON, FL 33496	5119 SUFFOLK DR BOCA RATON, FL 33496

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02112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
27-0006760
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JOSHI, JAYANT
5119 SUFFOLK DR
BOCA RATON, FL 33496-1641

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000057319
02/19/04-80057-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	JOSHI, JAYANT
STREET ADDRESS	5119 SUFFOLK DR
CITY-ST-ZIP	BOCA RATON, FL 334961641
TITLE	MGRM
NAME	D SHARMA MD PA PROFIT SHARING
STREET ADDRESS	927 SELMA RD
CITY-ST-ZIP	SMITHFIELD, NC 27577
TITLE	MGRM
NAME	DESAI, APURVA
STREET ADDRESS	5119 SUFFOLK DR
CITY-ST-ZIP	BOCA RATON, FL 334961641
TITLE	MGRM
NAME	SHARMA, DAVENDRA
STREET ADDRESS	5525 N MILITARY TR
CITY-ST-ZIP	BOCA RATON, FL 33446
TITLE	MGRM
NAME	PANDYA, ABHI
STREET ADDRESS	9260 GETTYSBURG RD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	DESAI, MEHUL
STREET ADDRESS	5119 SUFFOLK DR
CITY-ST-ZIP	BOCA RATON, FL 33496 641

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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: Jay Joshi JAY Joshi 2/20/04 954-520-4356
SIGNATURE AND TYPED OR PRINTED NAME OF MGRM/MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #