2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 12, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # L02000001					07-12-200	04 90132	009 ***	*50.00
Principal Place 1 W CAMINO STE 118 BOCA RATON	REAL	Mailing Address 1 W CAMINO REAL STE 118 BOCA RATON, FL 33432			14	025329	 		
2-Principal Place of Business 925 S. Federal Hwy		3. Mailing Address Federal Hwy.		lwy.					
Suite, Apt. Suite	#, etc. 2 350	Suite, Apt. #, etc.				Chg-LLC	CR2E08	3 (10/03)	
BOC a	Raton, Fc.	Bity & State Raton	FC.		4. FEI Number 35-21584	26		No	olied For Applicable
3343	a üsa	33432	USA		5. Certificate of		<u>Ч</u>	65.00 Addi ee Required	
	6. Name and Address of Current I	legistered Agent			7. Name and Ad	idress of New R	egistered A	gent	
	CLIFFORD A		Name Street A	40p	Oer C	Lifford	<i>A</i> .		
3700 S OCEAN BLVD #305			924	<u> 53.</u>	feder	al 114	y		
HIGHLANI	D BEACH, FL 33487		City	JHE Exac	250 Dotton		FL	Zin Code	120
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	r registere	ed agent, or both,	in the State of Flo		amiliar with,	and accept
SIGNATURE.	Cufford Popper	<u></u>					7-8-	04	
	Signature, typed or sufited name of registed depent a	nd title if applicable. (NOTE: R	egistered Agent signati	ure required	when reinstating)	THE STATE OF STATE	DATE		Tija g va Tij
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Fil Due t	ing Fee is \$50.00 by September 8, 2004				\$4. 1. 4.5 5.8	Mak Florida	e check pa Departme		
Due t	oy September 8, 2004	BS/MANAGERS	10.			Mak Florida	e check pa Departme		
Due t	y September 8, 2004 MANAGING MEMBEI		10.	0	2 c 2 c 2 c 2 c 2 c 2 c 2 c 2 c 2 c 2 c	Mak Florida	e check pa Departme	nt of State	
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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: Cultor offer

7-8-04

Date

Daytime Phone #