

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001697

1. Entity Name
 OPTIM PRODUCTS, LLC



Principal Place of Business
 900 N.W. 10TH AVE.
 FT. LAUDERDALE, FL 33311

Mailing Address
 900 N.W. 10TH AVE.
 FT. LAUDERDALE, FL 33311



06302004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number 02-0554093	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

BRODY, MICHAEL
 900 N.W. 10TH AVE.
 FT. LAUDERDALE, FL 33311

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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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRODY, MICHAEL L 900 NW 10TH AVE FORT LAUDERDALE, FL 33311
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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)(f), 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: *Michael L Brody* MICHAEL L. BRODY MNG. MGR. 6-30-04 954-745-6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

PRESIDENT