


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90072 014 \*\*\*\*50.00

<b>DOCUMENT #</b> L02000004312	
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<b>1. Entity Name</b> IRON MIKE ENTERPRISES, LLC	<b>Principal Place of Business</b> 9401 NW 16TH STREET PLANTATION, FL 33322	<b>Mailing Address</b> 9401 NW 16TH STREET PLANTATION, FL 33322
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24057487



<b>2. Principal Place of Business</b> 3505 Belmont Terr. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3505 Belmont Terr. Suite, Apt. #, etc.
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04252004 Chg-LLC CR2E083 (10/03)

<b>City &amp; State</b> Davie, Florida	<b>City &amp; State</b> Davie, FL
<b>Zip</b> 33328	<b>Country</b> USA
<b>Zip</b> 33328	<b>Country</b> USA

<b>4. FEI Number</b> 43-1958629	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> LEVINE, MICHAEL DR. 9401 NW 16TH STREET PLANTATION, FL 33322
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<b>7. Name and Address of New Registered Agent</b>
<b>Name</b> Dr. Michael Levine
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3505 Belmont Terrace
<b>City</b> Davie FL
<b>FL</b> <b>Zip Code</b> 33328

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**  **Dr. Michael Levine** **4-26-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete
<b>NAME</b> LEVINE, MICHAEL DR.	
<b>STREET ADDRESS</b> 9401 NW 16TH STREET	
<b>CITY-ST-ZIP</b> PLANTATION, FL 33322	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

10. ADDITIONS / CHANGES	
<b>TITLE</b> MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Michael Levine	
<b>STREET ADDRESS</b> 3505 Belmont Terrace	
<b>CITY-ST-ZIP</b> Davie FL 33328	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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:**  **Dr. Michael Levine** **4-26-04 (954) 981-4444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #