2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

NAME STREET ADDRESS

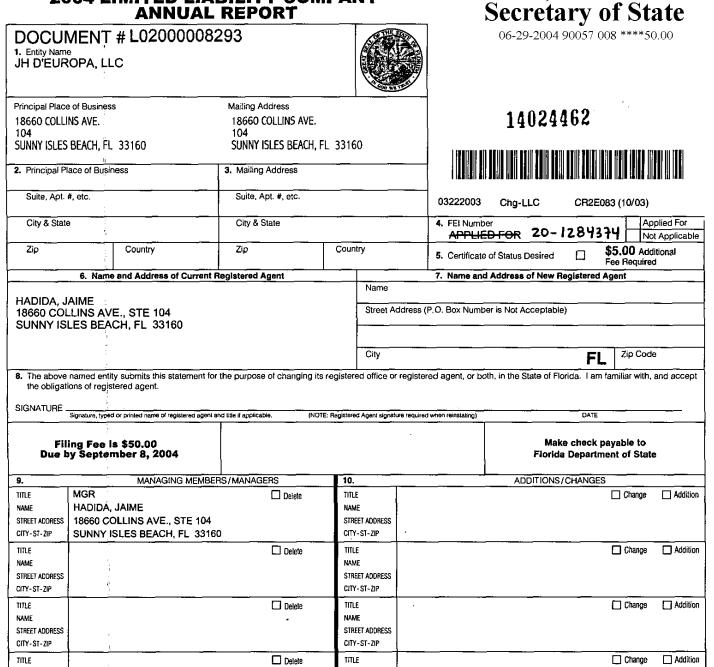
TITLE

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CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS



FILED Jun 29, 2004 8:00 am

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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.

NAME

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS CITY-ST-ZIP

305-932-54*0*0 Jaine HADIDA **SIGNATURE** MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE