

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011038

FILED
Apr 30, 2004
Secretary of State

Entity Name: FLORIDA STATE ASSET RECOVERIES, L.L.C.

Current Principal Place of Business:

3333 N UNIVERSITY DR
A
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

3333 N UNIVERSITY DR
A
DAVIE, FL 33024

New Mailing Address:

FEI Number: 75-3051316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, DOUGLAS
3333 N UNIVERSITY DR
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

ALTCHEK, IRA
3333 N UNIVERSITY DR
DAVIE, FL 33024 US

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.

SIGNATURE: IRA ALTCHKEK

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VENTIERA, JOHN
Address: 3333 N UNIVERSITY DR
City-St-Zip: DAVIE, FL 33024

Title: MGRM () Delete
Name: ALTCHKEK, IRA
Address: 3333 N UNIVERSITY DR
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: IRA ALTCHKEK

MGRM

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date