


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013052 1. Entity Name BRI-CRIS VENTURES, LLC	
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Principal Place of Business 2073 N.W. 208 TERRACE PRMBROKE PINES, FL 33029	Mailing Address 2073 N.W. 208 TERRACE PRMBROKE PINES, FL 33029
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04062004 No Chg-LLC

CR2E083 (10/03)

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4. FCI Number 32-0017204	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent CASERTA, ANTHONY D 2073 N.W. 208 TERRACE PRMBROKE PINES, FL 33029

**DO NOT WRITE
IN THIS SPACE**

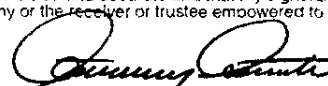
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature of Agent or authorized representative of the entity. Signature of Agent is required for the filing.</small>

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM CASERTA, ANTHONY D 2073 NW 208 TERR. PEMBROKE PINES, FL 33029
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04/12/04-80083-022 50.00

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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)(c), 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:  ANTHONY D. CASERTA 4/9/04 954-540-3284
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>