


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90104 014 \*\*\*\*50.00

<b>DOCUMENT # L02000013220</b>	
1. Entity Name <b>ADVANCED PAYCARD SYSTEMS, L.L.C.</b>	

Principal Place of Business <b>1031 IVES DAIRY RD MIAMI FL 33179</b>	Mailing Address <b>1031 IVES DAIRY RD MIAMI FL 33179</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent  <b>LITTMAN, ERIC P ESQ. 7695 S.W. 104TH STREET MIAMI FL 33156</b>	
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7. Name and Address of New Registered Agent Name <b>Peter Gruber, Esquire</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>One Dorian Center Suite 910</b>	
<b>9100 South Dadeland Blvd</b>	
City <b>Miami</b>	Zip Code <b>FL 33156</b>

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 Peter Gruber DATE 2/1/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR OSTROW, STUART 1031 IVES DAIRY RD MIAMI FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/1/04 (305) 914-0152  
Date Daytime Phone #