

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013345

FILED
Mar 13, 2004
Secretary of State

Entity Name: MSM ENTERPRISE L.L.C.

Current Principal Place of Business:

5887 NW 79 WAY
PARKLAND, FL 33067

New Principal Place of Business:

Current Mailing Address:

5887 NW 79 WAY
PARKLAND, FL 33067

New Mailing Address:

FEI Number: 02-0609970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVANT, RANDOLPH
8421 LAGOS DEL CAMPO, APT T-205
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

DIXON, ALEXANDRE
2800 W OAKLAND PARK BLVD #107
OAKLAND PARK, FL 33311 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: DIXON ALEXANDRE

03/13/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MARTELLY, LESLY
Address: 5887 NW 79 WAY
City-St-Zip: PARKLAND, FL 33067

Title: MGR () Delete
Name: SALVANT, ERNST
Address: 8640 NW 32ND ST.
City-St-Zip: PARKLAND, FL 33065

Title: MGR () Delete
Name: MARTELLY, NORA
Address: 5887 NW 79 WAY
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES:

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

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: NORA MARTELLY

MGR

03/13/2004

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