


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90121 016 ****50.00

DOCUMENT # L02000014170					
1. Entity Name IKRAN COMPANY, LLC					
Principal Place of Business 336 SE 15TH AVENUE DEERFIELD, FL 33441			Mailing Address 336 SE 15TH AVENUE DEERFIELD, FL 33441		
2. Principal Place of Business 1600 SE 3RD COURT Suite, Apt. #, etc.		3. Mailing Address 1600 SE 3RD COURT Suite, Apt. #, etc.			
City & State DEERFIELD BEACH, FL Zip: 33441 Country: USA		City & State DEERFIELD BEACH, FL Zip: 33441 Country: USA		4. FEI Number 30-0084371	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent TURSI, SILENIO 336 SE 15TH AVENUE DEERFIELD, FL 33441			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 1600 SE 3RD COURT City: DEERFIELD BEACH FL Zip Code: 33441		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURSI, SILENIO 336 SE 15TH AVE. DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1600 SE 3RD COURT DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURSI, MIREN 336 SE 15TH AVE. DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1600 SE 3RD COURT DEERFIELD BEACH, FL 33441	<input checked="" 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
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: <u>SILENIO TURSI</u> <u>MGRM</u> <u>4/23/04</u> <u>954-481-3434</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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