

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2004 90122 020 ****50.00

| | | | | | |
|--|--------------------------------------|--|--|--|--|
| DOCUMENT # L02000015090 | | | | | |
| 1. Entity Name LSAS, LLC | | | | | |
| Principal Place of Business 905 NORTH BROADWALK HOLLYWOOD, FL 33019 | | | Mailing Address 905 NORTH BROADWALK HOLLYWOOD, FL 33019 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01152004 Chg-LLC CR2E083 (10/03) | |
| City & State | | City & State | | 4. FEI Number 30-0115372 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SIENKIEWICZ, LUCYNA D 905 NORTH BROADWALK HOLLYWOOD, FL 33019 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 MEM | NAME SIENKIEWICZ, LUCYNA D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 905 NORTH BROADWALK | | | NAME | | |
| CITY-ST-ZIP HOLLYWOOD, FL 33019 | | | STREET ADDRESS | | |
| TITLE MGR | NAME SZCZEPKOWSKI, DORIS | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS PO BOX 220550 | | | NAME | DOROTA SZCZEPANSKI | |
| CITY-ST-ZIP HOLLYWOOD, FL 33022 | | | STREET ADDRESS | 812 NE 12 ST | |
| TITLE | | | CITY-ST-ZIP | HOLLYWOOD FL 33021 | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | | NAME | | |
| NAME | | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | NAME | | |
| TITLE | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | NAME | | |
| CITY-ST-ZIP | | | STREET ADDRESS | | |
| TITLE | | | CITY-ST-ZIP | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: | | | LUCYNA D SIENKIEWICZ MANAGING MEMBER 4/9/04 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |