

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90431 014 \*\*\*\*50.00

24021051



02162004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2369285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

RUKIN, ROGER  
2328 TENTH AVENUE NORTH, SUITE 403  
LAKE WORTH, FL 33461-6606

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	RUKIN, JAMES B
STREET ADDRESS	2328 10TH AVE. NORTH, SUITE 403
CITY-ST-ZIP	LAKE WORTH, FL 334616606
TITLE	MGRM
NAME	RUKIN, JULIA R
STREET ADDRESS	2328 10TH AVE. NORTH, SUITE 403
CITY-ST-ZIP	LAKE WORTH, FL 334616606
TITLE	MGR
NAME	RUKIN, ROGER B
STREET ADDRESS	2328 10TH AVE. NORTH, SUITE 403
CITY-ST-ZIP	LAKE WORTH, FL 334616606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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]* **ROGER B. RUKIN** **3-8-04 561 586-0100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #