

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90026 038 ****55.00

DOCUMENT # L02000018570 1. Entity Name 80005009, LLC			
Principal Place of Business C/O TAN LAN NGUYEN 3453 BEAU RIVAGE CR MISSISSAUGA, ON L5L 5-H5 CA		Mailing Address C/O TAN LAN NGUYEN 3453 BEAU RIVAGE CR MISSISSAUGA, ON L5L 5-H5 CA	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Edo Japan, Broward Mall Suite, Apt. #, etc. 8000 W Broward Blvd #5009 City & State Plantation, Florida Zip Country 33388 US	
		04072004 Chg-LLC CR2E083 (10/03)	
		4. FEI Number 05-0524684	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NGUYEN, TAN LAN 8000 BROWARD MALL, UNIT 5009 PLANTATION, FL 33388		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$30.00 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 PHAM, NHI X MS 10401 NW 18 PLACE PLANTATION, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTONY NGUYEN 3751 State Rd 84 #201 DAVIE FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		ANTONY NGUYEN	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date Daytime Phone #	
		APRIL 08/04 (954) 473-8299	