
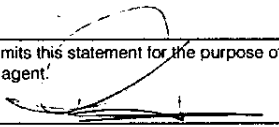
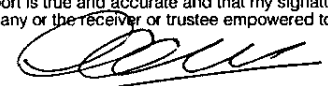


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90357 023 ****50.00

DOCUMENT # L02000021801 1. Entity Name BILRAUT, L.L.C.					
Principal Place of Business 2875 N.E. STREET STE. 801 AVENTURA, FL 33180			Mailing Address 2875 N.E. STREET STE. 801 AVENTURA, FL 33180		
2. Principal Place of Business 105 S. RIVERSIDE DR		3. Mailing Address Suite, Apt. #, etc. ATTN MANAGER BOX			
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL			
Zip 33062	Country BLMARD	Zip 33062	Country BLMARD	4. FEI Number 56-2288469	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SERBER, DANIEL J 2875 N.E. STREET STE. 801 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name LUIS VICO Street Address (P.O. Box Number is Not Acceptable) 5805 BLUE LAGOON DR STE #285 City MIAMI FL Zip Code 33126		
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 4-19-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR COIRA, CARLOS A 2875 N.E. 191ST STREET, SUITE 801 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, CARLOS A 2875 N.E. 191ST STREET, SUITE 801 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRAZZETTA, RUBEN O 2875 N.E. 191ST STREET, SUITE 801 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMERO, FERMIN EMILIO M 2875 N.E. 191ST STREET, SUITE 801 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARREIRA, RUBEN O 2875 N.E. 191ST STREET, SUITE 801 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETRUZZELLI, FELIX J 2875 N.E. 191ST STREET, SUITE 801 AVENTURA, FL 33180		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:  CARLOS COIRA, MGR 4-19-04 954726 8866 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					