## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 09, 2004 8:00 am Secretary of State

	ANNUAL		Secretary or State				
DOCUMENT # L02000023161  1. Entity Name					06-09-2004	90222 019 ****5	50.00
	SSOCIATES, LLC						
Principal Plac	e of Business	Mailing Address			1402	366 <b>5</b>	
4006 PEPPER TRACE DRIVE 4006 PEPPER TRACE DRIV			IVE		110~		
WESTON, FL	33332 <sub>.</sub>	WESTON, FL 33332					
2. Principal P	flace of Business	3. Mailing Address					
2806-2 WESTON 2) 2801		2806-2 WE	1806-2 WESTON RD		#		1881 111 1881
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03212003	Chg-LLC	CR2E083 (10/03)	
City & Stat		City & State WESTO 1 FL	•	4. FEI Num 22-38	ber 70824		oplied For ot Applicable
Zip	Country	Zip	Country		te of Status Desired	□ \$5.00 Add	titional
<u> </u>	6. Name and Address of Current				nd Address of New R	Fee Require	
TOVAR III	EANA ADIAS ESO		Name 70	NAR ILFA	NA ARIAS	<b>E</b> 570	
TOVAR, IIEANA ARIAS ESQ 1725 MAIN STREET STE. 205			Street A	ddress (P.O. Box Num	ber is Not Acceptable	ir= 205	
WESTON,	FL 33326		\ <del>\</del>	<u></u>	<u> </u>		<del></del>
-			City (x	1550~1		FL Zip Coo	e 7.6
	named entity submits this statement fo	r the purpose of changing its re	egistered office o	r registered agent, or t	ooth, in the State of Flo		
SIGNATURE		Rias			- 0	5/27/04 DATE	
	TOVAR ILEANN 1 Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signat	ure required when reinstating)		DATE	
Fil Due l	ling Fee is \$50.00 by September 8, 2004	grania de la composición dela composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición d				e check payable to Department of Stat	e (2.8)
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/	CHANGES	
TITLE	MGR PETRAITIS, SONIA	☐ Delete	TITLE NAME	MGR PETRAÏTIS	Saula	Change	Addition
NAME STREET ADDRESS	4006 PEPPER TRACE DRIVE		STREET ADDRESS	4006 PEPE	YER TRACE	drive	
CITY-ST-ZIP	WESTON, FL 33332		CITY-ST-ZIP	WESTON 1	=L 33332	<u> </u>	
TITLE NAME	MGR BRACCO, SERGIO	☐ Dølete	TITLE NAME	MGR BRACCO S	ERGIO	Change	Addition
STREET ADDRESS	4006 PEPPER TRACE DRIVE		STREET ADDRESS	4006 PEPP	ER TRACE I	DRIVE	
TITLE	WESTON, FL 33332	→ Delete	CITY-ST-ZIP	MER	=L 33332	[a] Change	☐ Addition
NAME	PETRAITIS, WALDEMAR	The state of the s	NAME	PETRAITIS	WALDERY PER TRACE	4R	
STREET ADDRESS CITY-ST-ZIP	4006 PEPPER TRACE DRIVE WESTON, FL 33332		STREET ADDRESS CITY-ST-ZIP	WESTO -	FL 33332	vaye -	
TITLE	•	☐ Delete	TITLE	, ,		☐ Change	-Addition
NAME STREET ADDRESS	:		NAME STREET ADDRESS				
CITY-ST-ZIP	•	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS	·	· <u>·</u> ·	STREET ADDRESS				•
CITY-ST-ZIP ·	<u> </u>	<u></u> _	CITY-ST-ZIP	:		<u>-</u>	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	1	1 2 1					
CITY-ST-ZIP -		·	STREET ADDRESS CITY-ST-ZIP				•

11. I hereby certify that the information supplied with this filling 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:	Sovia	PETRA; TIS		05/27/04	
SIGNATURE	AND TYPED OR PRINTED	NAME OF SIGNING MANAGING MEMBER,	MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #