


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000023196</b> 1. Entity Name MS, LLC	
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Principal Place of Business 8708 CRESCENT DRIVE LOS ANGELES, CA 90046	Mailing Address 8708 CRESCENT DRIVE LOS ANGELES, CA 90046
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 30-0114293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  JACOBOWITZ, MELVIN J 11900 BISCAYNE BLVD., SUITE 720 MIAMI, FL 33445
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**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 reinstating) \_\_\_\_\_ 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SIGMAN, MICHAEL 8708 CRESCENT DRIVE LOS ANGELES, CA 90046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIGMAN, ELEANOR 4185 LIVE OAK BLVD. DEL RAY BEACH, FL 33445
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U00000023358  
02/02/04-80023-019 50.00

**DO NOT WRITE  
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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)(f), 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: JEFF SIGMAN (Treasurer)**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

**1/15/04 (317) 571-1364**  
Date Daytime Phone #