

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024335

FILED  
Feb 09, 2004  
Secretary of State

Entity Name: ALBUPRO L.L.C.

**Current Principal Place of Business:**

315 S.E. MIZNER BLVD., SUITE 209  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

315 S.E. MIZNER BLVD., SUITE 209  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 75-3083569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANGERT, MARK  
2701 W. OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: NORKUS, EDMOND S  
Address: 315 S.E. MIZNER BLVD., SUITE 209  
City-St-Zip: BOCA RATON, FL 33432

Title: EVP ( ) Delete  
Name: ROSCEHV, RICK  
Address: 315 S.E. MIZNER BLVD., SUITE 209  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NORKUS, EDMOND S  
Address: 315 S.E. MIZNER BLVD., SUITE 209  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM (X) Change ( ) Addition  
Name: ROSCEHV, RICK  
Address: 315 S.E. MIZNER BLVD., SUITE 209  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDMOND S NORKUS

MGRM

02/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date