

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000024983**

1. Entity Name  
**AEGEAN VENTURES, LLC**



Principal Place of Business  
**1551 FORUM PLACE, SUITE 400-B  
WEST PALM BEACH, FL 33401**

Mailing Address  
**1551 FORUM PLACE, SUITE 400-B  
WEST PALM BEACH, FL 33401**



04232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2080128**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KLEIN, STUART B  
C/O STUART B. KLEIN, P.A.  
1551 FORUM PLACE, SUITE 400-B  
WEST PALM BEACH, FL 33401**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000134370  
04/28/04 80016 020 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BAFITIS, KATHY
STREET ADDRESS	370 MERCURY ROAD, #2
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	MGRM
NAME	KLEIN, STUART B
STREET ADDRESS	1551 FORUM PLACE, SUITE 400-B
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

STUART B KLEIN

4/26/04 (561) 478-1566