2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000028654 Lettly Name PNINC, LLC Malling Address PNINC, LLC Malling Address 141 2011 STREET, SUITE(#5) BOCA MRING, FL 3345 142 2011 STREET, SUITE(#5) BOCA MRING, FL 3345 142 2011 STREET, SUITE(#5) BOCA MRING, FL 3345 SOUR, ART of STATE SUITE, FL 3345 SOUR, ART of STATE SOUR ART	ANNUAL REPORT			FILED		
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Coly & Signer Coly & Signer Country Coun		Suite, Apt. #, etc.		09092004 Chg-LLC	CR2E083 (10/03)	
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RPNIS TESCHER LIPPMAN & VALINSKY, PA. KO NORTHEAST THIRD AVENUE, SUITE 610 FORT LAUDERDALE, FL 33301 8. The above named entity submits the statement for the purpose of changing its registered of fice or registered agent, or both, in the State of Florida. I am lamilior with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilior with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilior with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilior with, and accept the obligations of registered agent, or both, in the State of Florida, I am lamilior with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilior with, and accept the obligations of registered agent, or both, in the State of Florida, I am lamilior with, and accept the obligations of registered agent, or both, in the State of Florida, I am lamilior with, and accept the obligations of registered agent, or both, in the State of Florida, I am lamilior with, and accept the obligations of registered agent, or both, in the State of Florida, I am lamilior with, and accept the obligations of registered agent, or both, in the State of Florida, I am lamilior with, and accept the obligations of registered agent, or both, in the State of Florida, I am lamilior with, and accept the obligations of registered agent, or both, in the State of Florida, I am I amilior with, and accept the obligations of registered agent, or both, in the State of Florida, I amilior with a florida agent agent agent with a florida agent	Zip 3343 1 Country	Zip 33431 Cc	ountry USA	5. Certificate of Status Desired		
Street Address (P.O. Box Number is Not Acceptable)		Registered Agent	Name	7. Name and Address of New	Registered Agent	
PORT LAUDERDALE, FL 33391	KIPNIS TESCHER LIPPMAN & VALINSKY, P.A.			P.O. Box Number is Not Acceptab	le)	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonds. I am ramiliar with, and accept the obligations of registered agent. SIGNATURE Signature board or printed name of registered agent and tim if applications Ord Tr. Registered Agent signature required when rehostancy DATE	100 NORTHEADT THIND AVENUE, SOITE 010			400041570674		
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