## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

CHTY-\$1-2(P TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## Apr 15, 2004 08:00 AM Secretary of State **DOCUMENT # L02000029474** RANDY'S CORNER, LLC Principal Place of Business Mailing Address 1733 N.E. 35TH STREET U00000114707 1733 N.E. 35TH STREET FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33334 04/15/04-80061-013 50.00 04112004 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Description 6. Name and Address of Current Registered Agent DO NOT WRITE SIMON, RANDALL 1733 N.E. 35TH STREET FORT LAUDERDALE, FL 33334 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 lamiliar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. (NOTE, Registered Agent signature inquired whon reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS MGRM TOTALE SIMON, RANDALL 1733 NF 35TH ST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33334 TITS F NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-752 TITLE NAME STREET ADDRESS CATY-ST-ZIP MLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 path; that I am a managing member or manager of the limited liability company or the receiver of true employee employeed to execute this report as required by Chapter 608, Florida Statutes.

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

**FILED** 

Daytime Phone #