## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Feb 17, 2004 8:00 am Secretary of State

02-17-2004 90195 050 \*\*\*\*50.00

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Mailing Address	<u> </u>
2220 N CYPRESS BEND DRIVE POMPANO BEACH, FL 33069	, #107
	Mailing Address 2220 N CYPRESS BEND DRIVE POMPANO BEACH, FL 33069

24011601 01112004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 06-1657055 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GADD&H, SUMIT DO NOT WRITE 2220 N CYPRESS BEND DRIVE, #107 POMPANO BEACH, FL 33069 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE NAME STREET ADDRESS 2220 N CYPRESS BEND DRIVE #107 CITY - ST - ZIP POMPANO BEACH, FL 33069 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO-NOT-WRITE-CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify 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 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:

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE