

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031743

FILED
Apr 27, 2004
Secretary of State

Entity Name: FUN SWEETS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

3671 23 AVENUE SOUTH
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

3671 23 AVENUE SOUTH
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 61-1433012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULCO, PATRICK
1210 E. MOUNTAIN DRIVE
WEST PALM BEACH, FL 33406 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: MGRM () Delete
Name: DAYAN, DAVID
Address: 13348 NW 7TH ST
City-St-Zip: PLANTATION, FL 33325

Title: MGRM () Delete
Name: FULCO, PATRICK
Address: 1210 E MOUNTAIN DR
City-St-Zip: WEST PALM BEACH, FL 33406

Title: MGRM (X) Delete
Name: ROSENTHAL, SEYMOUR
Address: 41 A STRATFORD LANE
City-St-Zip: BOYNTON, FL 33436

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAYAN, DAVID
Address: 4672 MANDERLY DRIVE
City-St-Zip: WELLINGTON, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICK FULCO

MNGR

04/27/2004

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