


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90181 022 ****50.00

DOCUMENT # L02000031875	
1. Entity Name THEODORE O'REILLY LLC	

Principal Place of Business 3299 NW 2ND AVENUE SUITE 200 BOCA RATON FL 33431 US	Mailing Address BOX 811135 SUITE 200 BOCA RATON FL 33481 US
---	---

44043379



MOORE CR2E083 (11/03)

2. Principal Place of Business 7999 N. Federal Hwy Suite, Apt. #, etc. Ste 202	3. Mailing Address P.O. Box 811135 Suite, Apt. #, etc.
--	--

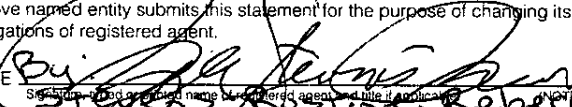
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33487	Zip 33481
Country USA	Country USA

4. FEI Number 02-0656087	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent STEVENS-RUSTINE, REBECCA 3299 NW 2ND AVE SUITE 200 BOCA RATON FL 33431	
--	--

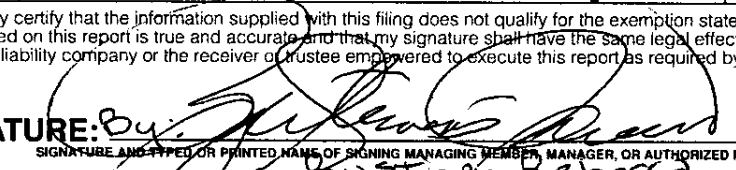
7. Name and Address of New Registered Agent	
Name Stevens-Rustine, Rebecca	
Street Address (P.O. Box Number is Not Acceptable) 7999 N. Federal Hwy	
Ste 202	
City Boca Raton	FL
	Zip Code 33487

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 	DATE 4/1/04

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004</p>	
--	--

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVENS-RUSTINE, REBECCA 3299 NW 2ND AVE. BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stevens-Rustine, Rebecca 7999 N. Federal Hwy, #202 Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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: 	DATE: 4/1/04 561-997-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Stevens-Rustine, Rebecca as President	