

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 15, 2004  
Secretary of State**

DOCUMENT# L02000034268

Entity Name: RICHARD J. BANDINI CO., L.L.C.

**Current Principal Place of Business:**

110 LAKE EMERALD DRIVE, SUITE 407  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

110 LAKE EMERALD DRIVE, SUITE 407  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 52-2388565      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PUGLIESE, MICHAEL I ESQ.  
3384 CABARET LANE  
MARGATE, FL 33063      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: BANDINI, RICHARD  
Address: 110 LAKE EMERALD DRIVE, SUITE 407  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM      ( ) Delete  
Name: BANDINI, DOLORES  
Address: 110 LAKE EMERALD DRIVE, SUITE 407  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

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: RICHARD BANDINI

MGR

01/15/2004

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