


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000034865 1. Entity Name ALMIS LLC	
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Principal Place of Business 4953 PALM BROOKE CIRCLE WEST PALM BEACH, FL 33417 US	Mailing Address 4953 PALM BROOKE CIRCLE WEST PALM BEACH, FL 33417 US
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04282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0439200	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SZPREGLEWSKI, MICHAL 4953 PALM BROOKE CIRCLE WEST PALM BEACH, FL 33417

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000145293
05/03/04-80019-004 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SZPREGLEWSKI, MICHAL 4953 PALM BROOKE CIRCLE WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEWANDOWSKA, ALEKSANDRA 4953 PALM BROOKE CIRCLE WEST PALM BEACH, FL 33417
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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: *Michal Szpreglewski* **MICHAL SZPREGLEWSKI** 04/20/04 (561)6868036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #