


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90092 004 \*\*\*\*50.00

**DOCUMENT # L03000000385**

1. Entity Name  
 LOUISE C. BROWN, ACCOUNTANT, LLC



24001673

Principal Place of Business  
 6531 VIA BENITA  
 BOCA RATON, FL 33433

Mailing Address  
 6531 VIA BENITA  
 BOCA RATON, FL 33433

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip



01112004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**33-1038178**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 1840 SOUTHWEST 22 STREET  
 4TH FLOOR  
 MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name **LOUISE C BROWN**

Street Address (P.O. Box Number is Not Acceptable)  
**6531 Via Benita**

City **Boca Raton** FL Zip Code **33433**

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 *Louise Brown* DATE 1/12/04

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**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, LOUISE C		NAME BROWN, LOUISE C	
STREET ADDRESS 6531 VIA BENITA		STREET ADDRESS 6531 VIA BENITA	
CITY-ST-ZIP BOCA RATON, FL 33433		CITY-ST-ZIP BOCA RATON FL 33433	
TITLE	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME BROWN, LEON A	
STREET ADDRESS		STREET ADDRESS 6531 VIA BENITA	
CITY-ST-ZIP		CITY-ST-ZIP BOCA RATON FL 33433	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Louise Brown* DATE 1/12/04 DAYTIME PHONE # 561 417-0395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE