


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90061 018 \*\*\*\*55.00

DOCUMENT # L03000001788					
<b>1. Entity Name</b> PAINBUSTERS LLC					
<b>Principal Place of Business</b> <del>2000 WEST SAMPLE ROAD F-5325</del> POMPAÑO BEACH, FL 33073			<b>Mailing Address</b> <del>2900 WEST SAMPLE ROAD F-5325</del> POMPAÑO BEACH, FL 33073		
<b>2. Principal Place of Business</b> 139 S.E. 2nd Ave		<b>3. Mailing Address</b> (Same)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Pompano Bch, FL		<b>City &amp; State</b>		<b>4. FEI Number</b>	
<b>Zip</b> 33060		<b>Country</b> USA		08312004    Chg-LLC    CR2E083 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET MIAMI BEACH, FL 33139				<b>7. Name and Address of New Registered Agent</b> Name: Same Street Address (P.O. Box Number is Not Acceptable) City: FL    Zip Code:	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> TERMAN, VIRGINIA <b>STREET ADDRESS</b> <del>2000 WEST SAMPLE ROAD F-5325</del> <b>CITY-ST-ZIP</b> POMPAÑO BEACH, FL 33073	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Same <b>NAME</b> same (add Paul Terman) <b>STREET ADDRESS</b> 139 S.E. 2nd Ave <b>CITY-ST-ZIP</b> Pompano Bch, FL 33060	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> Virginia Terman			9/8/04    (954) 971-0883		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		