

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90127 020 ****55.00

DOCUMENT # L03000002435 1. Entity Name COOL CONVERSATIONS, LLC					
Principal Place of Business 10248 E. CABALLO COURT DELRAY BEACH, FL 33446			Mailing Address 10248 E. CABALLO COURT DELRAY BEACH, FL 33446		
2. Principal Place of Business 140 SW 91st AVE Suite, Apt. #, etc. #104			3. Mailing Address Suite, Apt. #, etc.		
City & State PLANTATION, FLA			City & State		
Zip 33324		Country USA		4. FEI Number 86-10555566	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				04272004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent ELKIN, STEVEN C ESQ. C/O FRANK, WEINGERG & BLACK, P.L. 7805 S.W. 6TH COURT PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	LAWRENCE F. BRANT <input type="checkbox"/> Delete 10248 EL CABALLO CT PRES DELRAY BEACH, FL 33446			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN BRODIE V PRES <input type="checkbox"/> Delete 2967 MYRTLE OAK CIRCLE DAVIE, FL 33328			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEDRO MCGREGOR V PRES <input type="checkbox"/> Delete 1451 NW 129 WAY SUNRISE, FL 33323			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"/> Delete			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"/> Delete			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"/> Delete			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: LAWRENCE F. BRANT President 4/28/04 954-915-9903 561-637-4003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					