2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # L0300009030					04-16-2004 90414 026 ****50.00				
1. Entity Name PRODUCT & DEVELOPMENT, L.L.C.									
Principal Place	e of Business	Mailing Address							
8641 NW 51ST PLACE CORAL SPRINGS, FL 33067		8641 NW 51ST PLACE CORAL SPRINGS, FL 33067		24044325					
							1111 IJJJ 114	faif	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt, #, etc.		Suite, Apt. #, etc.		04062004	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State		4. EEI Numbe	503465	9		plied For t Applicable	
Zip	Country	Zip	Country	,	5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
KOAMED	DODEDTIA			Name					
KRAMER, ROBERT M 4000 HOLLYWOOD BOULEVARD STE. HOLLYWOOD, FL 33021		485-SOUTH		Street Address (P.O. Box Numbe	er is Not Acceptable)		
	·		ł						
				City			FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	registered	office or register	ed agent, or bot	h, in the State of Flo	rida. Tam fa	miliar with,	and accept
SIGNATURE .		·					DATE		
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent a	and trie it applicable. [NOTE:	: riegistereu A	geni signature required	mentensimal)		UMIE		
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Fi	iling Fee is \$50.00		-				e check pa		2 (No. 1)
Fi De	iling Fee is \$50.00 ue by May 1, 2004		-	, ,			e check pa Departme		e
Fi De	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE	RS/MANAGERS	10.			Florida	Departme		в
De	ue by May 1, 2004	RS/MANAGERS		,,		Florida	Departme CHANGES		e
9 TITLE NAME	MANAGING MEMBE MGR GROSSJUNG, THOMAS		10. TITLE NAME			Florida	Departme CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR GROSSJUNG, THOMAS 8641 NW 51ST PLACE		10. TITLE NAME STREET	ADDRESS		Florida	Departme CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR GROSSJUNG, THOMAS 8641 NW 51ST PLACE CORAL SPRINGS, FL 33067	□ Delete	10. TITLE NAME STREET CITY-ST	ADDRESS		Florida	Departme CHANGES	nt of State	Addition
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11. Thereby certify that the information supplied with this filling 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 emptweed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE ALL TOURS DE MANAGER, OR AUTHORIZED REPRESENTATIVE
Thomas L. Grossjung, Manager

4-08-04

Daytime Phone #