


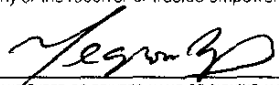
**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90023 029 \*\*\*\*\*50.00

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DOCUMENT # L03000010241					
1. Entity Name NOVANESA 2000 LLC					
Principal Place of Business 987 CAPTIVA DRIVE HOLLYWOOD, FL 33019		Mailing Address 987 CAPTIVA DRIVE HOLLYWOOD, FL 33019			
2. Principal Place of Business 1983 HARBOR VIEW CR.		3. Mailing Address 1983 HARBOR VIEW CR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WESTON, FL		City & State WESTON, FL.		4. FEI Number 45-0514918	
Zip 33327		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NEGRON, CARLOS 987 CAPTIVA DRIVE HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1983 HARBOR VIEW CIRCLE City WESTON, FL Zip Code 33327			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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	MGR NEGRON, CARLOS 987 CAPTIVA DRIVE HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1983 HARBOR VIEW CIRCLE WESTON, FL 33327	<input checked="" 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
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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:  DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					