

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010955

Entity Name: VIRTUS ENTERPRISES, LLC

FILED
Sep 08, 2004
Secretary of State

Current Principal Place of Business:

911 NW 209TH AVENUE, SUITE 111
PEMBROKE PINES, FL 33029

New Principal Place of Business:

1758 VICTORIA POINTE CIRCLE
WESTON, FL 33327

Current Mailing Address:

911 NW 209TH AVENUE, SUITE 111
PEMBROKE PINES, FL 33029

New Mailing Address:

P.O BOX 820668
SOUTH FLORIDA, FL 33082

FEI Number: 04-3749737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAVIJO, IRENE V
911 NW 209TH AVENUE, SUITE 111
PEMBROKE PINES, FL 33029

Name and Address of New Registered Agent:

CLAVIJO, IRENE V
1758 VICTORIA POINTE CIRCLE
WESTON, FL 33327

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.

SIGNATURE:

09/08/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CLAVIJO, GONZALO A
Address: 1758 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: CLAVIJO, IRENE V
Address: 1758 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GONZALO A CLAVIJO

MGR

09/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date