

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90099 037 \*\*\*\*55.00

|   |  |   |   |  |   |
|---|--|---|---|--|---|
| <b>DOCUMENT # L03000011797</b><br>1. Entity Name<br><b>ROXANA AND RADU, L.L.C.</b>  |  |   |   |  |   |
| Principal Place of Business<br><b>192 BENT TREE DRIVE</b><br><b>PALM BEACH GARDENS, FL 33418 US</b>   |  |   | Mailing Address<br><b>192 BENT TREE DRIVE</b><br><b>PALM BEACH GARDENS, FL 33418 US</b>                           |  |   |
| 2. Principal Place of Business<br><b>192 BENT TREE DR.</b><br>Suite, Apt. #, etc. <b>N/A.</b>   |  | 3. Mailing Address<br><b>SAME</b><br>Suite, Apt. #, etc.    |   | <b>14026964</b><br>  |   |
| City & State<br><b>P.B.G., FL.</b>  |  | City & State  |   | 4. FEI Number<br><b>33-1051669</b>                           |   |
| Zip<br><b>FL/33418, U.S.A.</b>  |  | Zip   |   | Country  |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable       |   |
| 6. Name and Address of Current Registered Agent<br><br><b>PIAZZA, VINCENT J SR.</b><br><b>2499 GLADES ROAD</b><br><b>SUITE 112</b><br><b>BOCA RATON, FL 33431</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |   |
| 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<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |  |   |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 8, 2004</b>   |  | Make check payable to<br><b>Florida Department of State</b> |   |  |   |
| 9. MANAGING MEMBERS/MANAGERS  |  |   | 10. ADDITIONS/CHANGES   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM</b><br><b>DAMIAN, ZOICA R</b><br><b>192 BENT TREE DRIVE</b><br><b>PALM BEACH GARDENS, FL 33418</b> | <input type="checkbox"/> Delete                             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <b>PRESIDENT</b><br><b>SAME</b>         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM</b><br><b>DAMIAN, RADU A</b><br><b>192 BENT TREE DRIVE</b><br><b>PALM BEACH GARDENS, FL 33418</b>  | <input type="checkbox"/> Delete                             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <b>PRESIDENT/OFFICER</b><br><b>SAME</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | <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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |   |   |  |   |
| <b>ROXANA DAMIAN</b>  |  |   |   | Date <b>06/06/04</b> (561)<br>Daytime Phone # <b>6948999</b> |   |