

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90123 015 ****50.00

DOCUMENT # L03000014292					
1. Entity Name DUPONT ENTERPRISES LLC					
Principal Place of Business 1550 NE 33RD STREET POMPANO BEACH, FL 33064			Mailing Address 1550 NE 33RD STREET POMPANO BEACH, FL 33064		
2. Principal Place of Business 4758 N. Federal Hwy Suite, Apt. #, etc.		3. Mailing Address PO Box 5104 Suite, Apt. #, etc.			
City & State LightHouse Point Zip: 33064 Country: USA		City & State LightHouse Point Zip: 33074 Country: USA		4. FEI Number 76-0731844	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DUPONT, SYLVAIN 1550 NE 33RD STREET POMPANO BEACH, FL 33064					
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____					
B. 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: _____ <i>February 16, 2004</i> <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 MGR NAME DUPONT, SYLVAIN STREET ADDRESS 1550 NE 33RD STREET CITY-ST-ZIP POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <i>February 16, 2004 954-5880436</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					