


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90273 004 ****50.00

DOCUMENT # L03000014626 1. Entity Name ENTERTAINING SOLUTIONS LLC					
Principal Place of Business 102 ALEDO AVENUE CORAL GABLES, FL 33134 US			Mailing Address 102 ALEDO AVENUE CORAL GABLES, FL 33134 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DRANEY, LINA J 102 ALEDO AVENUE CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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		TITLE	Change Addition	
NAME	DRANEY, LINA J		NAME	Change Addition	
STREET ADDRESS	102 ALEDO AVENUE		STREET ADDRESS	Change Addition	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Change Addition	
TITLE	MGR		TITLE	Change Addition	
NAME	LUACES, LISETTE M		NAME	Change Addition	
STREET ADDRESS	914 MALAGA AVENUE		STREET ADDRESS	Change Addition	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Change Addition	
TITLE	Delete		TITLE	Change Addition	
NAME	Delete		NAME	Change Addition	
STREET ADDRESS	Delete		STREET ADDRESS	Change Addition	
CITY-ST-ZIP	Delete		CITY-ST-ZIP	Change Addition	
TITLE	Delete		TITLE	Change Addition	
NAME	Delete		NAME	Change Addition	
STREET ADDRESS	Delete		STREET ADDRESS	Change Addition	
CITY-ST-ZIP	Delete		CITY-ST-ZIP	Change Addition	
TITLE	Delete		TITLE	Change Addition	
NAME	Delete		NAME	Change Addition	
STREET ADDRESS	Delete		STREET ADDRESS	Change Addition	
CITY-ST-ZIP	Delete		CITY-ST-ZIP	Change 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: <i>Lina J Draney</i>			4/6/04 (305)989-3475		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		