## **2004 LIMITED LIABILITY COMPANY**

## FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90021 025 \*\*\*\*50.00

## **ANNUAL REPORT** DOCUMENT #1 03000018732

DOCUN 1. Entity Name S.R.B.V., L		732				05-04-200	04 90021 0		<sup>4</sup> 50.00
Principal Place 150 T-REX AV BOCA RATON,	ENUE, SUITE 150	Mailing Address 150 T-REX AVENUE, SUITE 150 BOCA RATON, FL 33444			:		#400A	.010	
2. Principal Pla	ace of Business T-Rex Ave	3. Mailing Address T- Rex Ave							
Suite, Apt. #		Suite, Apt. #, etc. Suite 150			04222004 Chg-LLC CR2E083 (10/03)				
City & State	a Raton FL	Boca 1	Raton	FL	4. EEI Numb	er 17012	194		olied For Applicable
3343	31 Country USA	33431	Country	<u>L</u> .		e of Status Desired	Fee	.00 Addi Required	
* <del></del>	6. Name and Address of Current R	7. Name and	d Address of New R	egistered Age	nt				
	ED L AVENUE, SUITE 150 ON, FL 33444		Name Street	Street Address (P.O. Box Number is Not Acceptable)					
BOCARAI	ON, FL 33444		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Fil Du	ing Fee is \$50.00 ie by May 1, 2004					e check paya a Department		,	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS			
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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: 4/26/04 /501)948-8200									
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF CONTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date									