

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90195 035 ****50.00

DOCUMENT # L03000019029					
1. Entity Name RADAR SERVICES LLC					
Principal Place of Business 3501 NORTH KEYSER AVENUE, STE. 46 HOLLYWOOD, FL 33021			Mailing Address 3501 NORTH KEYSER AVENUE, STE. 46 HOLLYWOOD, FL 33021		
2. Principal Place of Business 6104 S.W. 55 Court		3. Mailing Address 6104 SW 55 Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVIE FL		City & State DAVIE, FL			
Zip 33314		Country USA		4. FEI Number 11-3690155	
5. Certificate of Status Desired <input type="checkbox"/>		5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent FIERO, JOHN 3501 NORTH KEYSER AVENUE, STE. 46 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name: JOHN FIERO Street Address (P.O. Box Number is Not Acceptable): 6104 SW 55 Ct City: DAVIE FL Zip Code: 33314		
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: DATE: 2-21-04 <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 NAME STREET ADDRESS CITY-ST-ZIP	MGR FIERO, JOHN 3501 NORTH KEYSER AVENUE, STE. 46 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHN FIERO 6104 Southwest 55 Court DAVIE, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:			Date: 2-21-04 Daytime Phone #: 954-321-0644		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					