


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90228 013 \*\*\*\*50.00

<b>DOCUMENT # L03000020802</b>					
<b>1. Entity Name</b> THINK HARD ENTERPRISES, LLC					
<b>Principal Place of Business</b> 1077 JUNE DRIVE MELBOURNE, FL 32935			<b>Mailing Address</b> PO BOX 360931 MELBOURNE, FL 32936		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 1077 June Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Melbourne, FL		01272004    Chg-LLC    CR2E083 (10/03)	
Zip		Zip 32935		<b>4. FEI Number</b> 59-3412962	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SLONIM, DAVID H 1077 JUNE DRIVE MELBOURNE, FL 32935				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL    Zip Code	
<b>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.</b>					
SIGNATURE <u>DS</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/12/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member David Slonim 1077 JUNE DR MELBOURNE FL 32935		<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"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>DS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>2/11/04</u> Daytime Phone # <u>321-960-4715</u>	