

FILED
Apr 29, 2004 8:00 am
Secretary of State

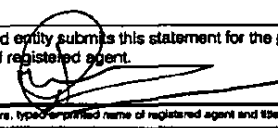
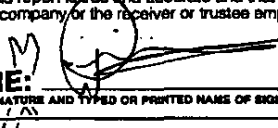
04-14-2004 90283 006 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

34004583



01072004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000021176					
1. Entity Name BERDUGO, L.L.C.					
Principal Place of Business 7025 BERACASA WAY, STE. 107 BOCA RATON, FL 33433			Mailing Address 7025 BERACASA WAY, STE. 107 BOCA RATON, FL 33433		
2. Principal Place of Business 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106 Boca Raton, FL 33433 USA			3. Mailing Address 7284 W. Palmetto Park Rd. Suite, Apt. #, etc. Ste 106 Boca Raton, FL 33433 USA		
4. FEI Number 2001042872			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BERDUGO, ELIE 7025 BERACASA WAY, STE. 107 BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name: Daniel A. Kaskel, P.A. Street Address (P.O. Box Number is Not Acceptable): 7284 West Palmetto Park Rd - Ste 108 City: Boca Raton FL Zip Code: 33433	
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: 4-12-04 (NOTE: Registered Agent signature required when reinstating)					
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	President Elie Berdugo 7284 W. Palmetto Park Rd. #106 Boca Raton, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: 			4-12-04 561 395 0808		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		