## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 03, 2004 8:00 am Secretary of State

Principal Place of Business 700 E. DANIA BEACH BLVD. 202 DANIA, FL 33004  2. Principal Place of Business Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Street Address of New Registered Agent  Fee Required  Fee Required  Fee Required  For 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 diffice or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SiGNATURE  Signature, Speed or printed name of registered agent and the if applicable.  (NOTE: Registered Agent synature required when intertainly)  Adake check payable to Florida Department of State  Fliting Fee is \$50.00  Due by May 1, 2004  Make check payable to Florida Department of State  MANAGING MEMBERS / MANAGERS  10.  ADDITIONS / CHANGES  Interest Agent synature required when intertainly  ADDITIONS / CHANGES  Interest Agent synature required when intertainly  ADDITIONS / CHANGES  Interest Agent synature required when intertainly  ADDITIONS / CHANGES  Interest Agent synature required when intertainly  ADDITIONS / CHANGES  Interest Agent synature required when intertainly  ADDITIONS / CHANGES  Interest Agent synature required when intertainly  ADDITIONS / CHANGES  Interest Agent synature required when intertainly  ADDITIONS / CHANGES  Interest Agent synature required when intertainly  ADDITIONS / CHANGES  Interest Agent Synature synature required agen
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O2102004 Chg-LLC CR2E083 (10/03)  City & State  City & State  Country  Applied For Not Applicable  St. Country  S. Certificate of Status Desired  Status Desired  Street Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  City  FL  City  FL  Zip Code  S. 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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  Make check payable to Florida Department of State  Make check payable to Florida Department of State  MGRM  Delete  TILE  MGRM  ADDITIONS/CHANGES
City & State  City & State  City & State  City & State  4. FEI Number  Country  5. Certificate of Status Desired S\$.00 Additional Fee Required  Name  BARTHE & LEIGH LLP 2455 E. SUNRISE BLVD. 602 FORT LAUDERDALE, FL 33304  City  FL  Zip Code  6. 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  Filling Fee is \$50.00 Due by May 1, 2004  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  Applied For Not Applicable  Post Address of New Registered Agent  Not Address of New Registered Agent  Not Address of New Registered Agent  Not Address of New Registered Agent  City FL  Zip Code  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE  MGRM  Delete  TILE  MGRM    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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Sebastien BOURDAIS

OR 125/04

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