


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90291 004 \*\*\*\*55.00

<b>DOCUMENT # L03000024000</b>	
1. Entity Name <b>DEANLUDAN ENTERPRISES, LLC</b>	

Principal Place of Business <b>1122 17TH TERRACE KEY WEST FL 33040</b>	Mailing Address <b>1122 17TH TERRACE KEY WEST FL 33040</b>
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**34002122**



MOORE CR2E083 (11/03)

2. Principal Place of Business <b>27 Bougainvillea Ave</b>	3. Mailing Address <b>27 Bougainvillea Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Key West, FL</b>	City & State <b>Key West, FL</b>
Zip <b>33040</b>	Country <b>USA</b>
Zip <b>33040</b>	Country <b>USA</b>

4. FEI Number <b>20-0173998</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CRESPO, DANILO A 1122 17TH TERRACE KEY WEST FL 33040</b>	
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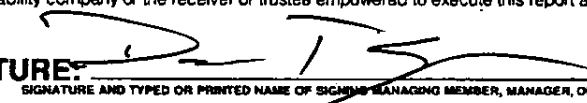
7. Name and Address of New Registered Agent Name <b>Dean G. Thompson</b> Street Address (P.O. Box Number is Not Acceptable) <b>27 Bougainvillea Ave</b> City <b>Key West</b> FL Zip Code <b>33040</b>	
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8. The above named entity submits this statement 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 <b>3/22/04</b>
Signature, typed or printed name of registered agent and authorized representative (NOTE: Registered Agent signature required when resigning)	

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, DEAN G 27 BOUGAINVILLEA KEY WEST FL 33040 <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	MGR CRESPO, DANILO A 1122 17TH TERRACE KEY WEST FL 33040 <input checked="" 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	MGR PAEZ, LOUIS 1723 BAHAMA DRIVE KEY WEST FL 33040 <input checked="" 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
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

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 <b>3/22/04</b> (805) 923-5348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	