

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90040 003 \*\*\*\*55.00

<b>DOCUMENT # L03000024661</b>					
<b>1. Entity Name</b> DANZANSKY INVESTMENT PARTNERS, LLC					
<b>Principal Place of Business</b> C/O RICHARD F. DANZANSKY 6367 N.W. 26TH TERRACE BOCA RATON, FL 33496			<b>Mailing Address</b> C/O RICHARD F. DANZANSKY 6367 N.W. 26TH TERRACE BOCA RATON, FL 33496		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 59-3775831			<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  DANZANSKY, RICHARD F 6367 N.W. 26TH TERRACE BOCA RATON, FL 33496			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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 _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICHARD DANZANSKY 6367 NW 26th Terrace BOCA RATON, FL 33496	
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	
<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> <i>Richard F. Danzansky</i> <b>RICHARD F. DANZANSKY</b> <i>my m. Violent</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					