



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90011 033 ****55.00

DOCUMENT # L03000027926 1. Entity Name DINOSHELLS LLC					
Principal Place of Business 4009 N. UNIVERSITY DRIVE, APT. G204 C/O MARK BERGER SUNRISE, FL 33351				Mailing Address 4009 N. UNIVERSITY DRIVE, APT. G204 C/O MARK BERGER SUNRISE, FL 33351	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 26052 Suite, Apt. #, etc.			
City & State City: TAMARAC, FL		City & State City: TAMARAC, FL		4. FEI Number 56-2381621	
Zip 33320		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32302				7. Name and Address of New Registered Agent Name Street 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 MGRM NAME BERGER, MARK STREET ADDRESS 4009 N. UNIVERSITY DRIVE, APT. G204 CITY-ST-ZIP SUNRISE, FL 33351			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 5/3/04 (854) 444-9410 <small>Daytime Phone #</small>		