
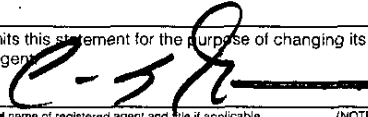



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90005 006 \*\*\*\*50.00

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|--|---|--|--|--|--|
| <b>DOCUMENT # L03000031152</b>   |   |  |  |                       |  |
| <b>1. Entity Name</b><br>BANQUET AND EVENT ELEGANCE, LLC   |   |  |  |  |  |
| <b>Principal Place of Business</b><br>2500 N. MILITARY TRAIL<br>SUITE 480<br>BOCA RATON, FL 33431  |   |  | <b>Mailing Address</b><br>2500 N. MILITARY TRAIL<br>SUITE 480<br>BOCA RATON, FL 33431  |  |  |
| <b>2. Principal Place of Business</b><br>6501 W. COMMERCIAL BLVD<br>Suite, Apt. #, etc.  |   | <b>3. Mailing Address</b><br>6501 W. COMMERCIAL BLVD.<br>Suite, Apt. #, etc. |  |  |  |
| City & State<br>TAMARAC, FL  |   | City & State<br>TAMARAC, FL  |  | <b>4. FEI Number</b><br>20-0186227   |  |
| Zip<br>33319   |   | Country  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BDB AGENT CO.<br>2500 N. MILITARY TRAIL<br>SUITE 480<br>BOCA RATON, FL 33431   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name: CARMINE E. GUSTAFESTE<br>Street Address (P.O. Box Number is Not Acceptable):<br>6501 COMMERCIAL BLVD<br>City: TAMARAC FL Zip Code: 33319 |  |  |
| <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><br>SIGNATURE:  DATE: 4/28/04<br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).)</small>  |   |  |  |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2004</b>  |   |  | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DIRECTOR<br>CARMINE E. GUSTAFESTE<br>6501 COMMERCIAL BLVD<br>TAMARAC FL 33319 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DIRECTOR<br>WAYNE LABUSH<br>6501 COMMERCIAL BLVD<br>TAMARAC, FL 33319         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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>   |   |  | 4/28/04 954-726 0346   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  | <small>Date Daytime Phone #</small>  |  |  |