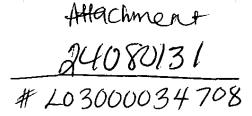
FILED Aug 18, 2004 8:00 am Secretary of State

\mathcal{L}^{00}	LIMITED LIABILITY COMPANY						
	UNIFORM	BUSINESS	REPORT	(UBR			
_ :-		<u> </u>					

Parthenon Holdings, LLC DO NOT WRITE IN THIS SPACE 2 4080131 2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. 4, etc. DO NOT WRITE IN THIS SPACE City & State Pormano Beach, FL Journal Jo	DOCUM	MENIT I		~ 247 00				-2004 9007	8 020 ****50.00
2. Principal Place of Business 3. Mailing Address 4. FEI Number 4. This address of Current Pagistered Agent 4. FEI Number 4. This address of Current Pagistered Agent 4. FEI Number 4. This address of Current Pagistered Agent 4. FEI Number 4. This address of Current Pagistered Agent 4. This address of Current Pagistered 5. Control Pagistered Agent 5. Control Pagistered Agent 6. The above pagistered Agent 6. The Address of Current Pagistered Agent 6. The Address of Curr	DOCUMENT # \(\O300\infty 34708 \) 1. Entity Name								
2. Principal Place of Business 3. Mailing Address 4. FEI Number 4. This address of Current Pagistered Agent 4. FEI Number 4. This address of Current Pagistered Agent 4. FEI Number 4. This address of Current Pagistered Agent 4. FEI Number 4. This address of Current Pagistered Agent 4. This address of Current Pagistered 5. Control Pagistered Agent 5. Control Pagistered Agent 6. The above pagistered Agent 6. The Address of Current Pagistered Agent 6. The Address of Curr		ļ					•		
2. Principal Place of Business 3011 NE 10th Ave Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Pompano Beach, FL 2/D 2/D 23064. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The shows named beging with this statement for the purpose of changing list registered agent. Signature. Upped or printed name of registered agent and title if applicable. Do NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above named beging with this statement for the purpose of changing list registered agent. Signature. Upped or printed name of registered agent and title if applicable. Do NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above named beging with mits this statement for the purpose of changing list registered agent. Signature. Upped or printed name of registered agent and title if applicable. Do NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above named beging with mits this statement for the purpose of changing list registered agent. Signature. Upped or printed name of registered agent and title if applicable. Do NOT WRITE IN THIS SPACE Observed. Do NOT WRITE IN THIS SPACE This above named beging with mits this statement for the purpose of changing list registered agent. Do NOT WRITE IN THIS SPACE IN	Parthenon H	loldings,	LLC						
2. Principal Place of Business 3011 NE 10th Ave Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Pompano Beach, FL 2/D 2/D 23064. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The shows named beging with this statement for the purpose of changing list registered agent. Signature. Upped or printed name of registered agent and title if applicable. Do NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above named beging with this statement for the purpose of changing list registered agent. Signature. Upped or printed name of registered agent and title if applicable. Do NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above named beging with mits this statement for the purpose of changing list registered agent. Signature. Upped or printed name of registered agent and title if applicable. Do NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above named beging with mits this statement for the purpose of changing list registered agent. Signature. Upped or printed name of registered agent and title if applicable. Do NOT WRITE IN THIS SPACE Observed. Do NOT WRITE IN THIS SPACE This above named beging with mits this statement for the purpose of changing list registered agent. Do NOT WRITE IN THIS SPACE IN			30 (50) (1) (4)	CO-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-					
2. Principal Place of Business 3011 NE 10th Ave Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Pompano Beach, FL 2/D 2/D 23064. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The shows named beging with this statement for the purpose of changing list registered agent. Signature. Upped or printed name of registered agent and title if applicable. Do NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above named beging with this statement for the purpose of changing list registered agent. Signature. Upped or printed name of registered agent and title if applicable. Do NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above named beging with mits this statement for the purpose of changing list registered agent. Signature. Upped or printed name of registered agent and title if applicable. Do NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above named beging with mits this statement for the purpose of changing list registered agent. Signature. Upped or printed name of registered agent and title if applicable. Do NOT WRITE IN THIS SPACE Observed. Do NOT WRITE IN THIS SPACE This above named beging with mits this statement for the purpose of changing list registered agent. Do NOT WRITE IN THIS SPACE IN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DO N	OT WRITE	IN THIS S	PACE				
2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. City & State Pompano Beach, FL Zip Country Zip Country Zip Country Zip Country Towns and Address of Current Registered Agent Name No Beach Signature Not Acceptable Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Pompano Beach, FL Signature, typed or printed name of registered agent and title if applicable. Signature typed or printed name of registered agent and title if applicable. No title typed or printed name of registered a						40.00	24	08013	1
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State S4_FEI Number Applied For Country S. Centricate of Status Desired S5_00 Assistance S5_00			Business	3. Mailing Addr	ess		₩ 2	,000=	_
City & State Pompano Baach, FL Zip Country Zip Country Zip Country Zip Country Zip Country S. Cenficate of Status Desired Fee Required				Cuita Ana 4	-4-				\ -
Pompano Beach, FL Zip Country Zip Country S. Certificate of Status Desired S.5.00 Actional Fish Required 7. Name and Address of Current Registered Agent Oscar Cabrera Street Address (P.O. Box Number is Not Acceptable) 3011 NE 10th Ave. City Pompano Beach FL Zip Code 3011 NE 10th Ave. City Pompano Beach FL Zip Code 3064 Signature, typed or printed name of registered agent and title if applicable. Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE OSCAR Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE OSCAR Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE OSCAR Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE OSCAR Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE OSCAR Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE OSCAR Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE OSCAR Cabrera 7/15/2004 Signature is the signature in the sign	Suite, Apt. #, etc Suite, Apt. #, etc.		etc.			IN THIS SPAC	Æ		
300 Auditorial Status Desired Agent Desired			<u></u>	City & State					
The above named beach your printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. 9. MANAGING MEMBERS/MANAGERS The above named beach your printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. DATE 1. Management of the printed agent of the printed name of registered agent and title if applicable. DATE 9. MANAGING MEMBERS/MANAGERS This MGRIM OBERT OF THE STATE OF T			Country	Zin	Country		54-2125467	¢s	
DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) 3011 NE 10th Ave. Street Address (P.O. Box Number is Not Acceptable) 3011 NE 10th Ave. City Pompano Beach FL 33064 8. The above named cettity submits this statement for the purpose of changing its registered agent, or both, in the State of Figure 2) and familiar with, and accept the obligations of registered agent. SIGNATURE Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE Oscar Cabrera 7/15/2004 DATE Oscar Cabrera 7/15/2004 Oscar Cabrera Oscar Cab	33064			2.0	Country		5. Certificate of Status Desired		I
Oscar Cabrera The above named bodity submits this statement for the purpose of changing its registered agent, or both, in the Sale of Fernal) am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. DATE Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if a manufacture and make the register and title if a manufacture and make the register and title if applicable and register and register as are legal effects as if make under the it and manufacture and make the register and title if applicable and title if applicable. Signature Address (P.O. Box Number of the		9.564		1000000000			Name and Address of Curi	ent Registe	ered Agent
Street Address (P.O. Box Number is Not Acceptable) 3011 NE 10th Ave. Signature, typed or printed name of registered agent and title if applicable. 9. MANAGING MEMBERS/MANAGERS TITLE MARK MARK DOSCRESS/MONORS STREET ADDRESS STREE				a a contract of the					-
IN THIS SPACE City Pompano Beach FL Zip Code 33064		D	O NOT WE	RITE	Street	Address		t Acceptab	le)
City Pompano Beach 8. The above named exity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Figures) am familiar with, and accept the obligations of registered agent. SIGNATURE Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent. Intel Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent. Oscar Cabrera 7/15/2004 Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent. Oscar Cabrera 7/15/2004 DATE Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent. Oscar Cabrera 7/15/2004 DATE Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent. Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent. Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent. Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent. Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent. Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent. Oscar Cabrera Oscar Cabrera Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent. Oscar Cabrera Oscar Cabr					3011 NE	10th A	ve.		
R. The above named restly submits this statement for the purpose of changing its registered agent, or both, in the State of Figrids.) am familiar with, and accept the obligations of registered agent. SIGNATURE Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE MANAGING MEMBERS/MANAGERS TITLE MARIA MOSCAR Cabrera MANAGING MEMBERS/MANAGERS TITLE MANAGING MEMBERS/MANAGERS	Gorden de								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fichidal, am familiar with, and accept the obligations of registered agent. Signature Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE ### ANAGING MEMBERS/MANAGERS ### ANAGING M						oo Beac	h		
In the State of Fidural am familiar with, and accept the obligations of registered agent. SIGNATURE Oscar Cabrera 7/15/2004 Signature, typed or printed name of registered agent and title if applicable. DATE PARE STREET ADDRESS OSCAR Cabrera TITLE MGRM OSCAR Cabrera MANAGING MEMBERS/MANAGERS TITLE MGRM OSCAR Cabrera STREET ADDRESS OTT-51-72P TITLE NAME STREET	8. The above	ve named	entity submits th	is statement for th					
Signature, typed or printed name of registered agent and title if applicable. PATE PATE PATE PATE									,, 5: 25,
Signature, typed or printed name of registered agent and title if applicable. PATE PATE PATE PATE	SIGNATURE	1	Jin-		Ocean Cab		•		7/45/0004
9. MANAGING MEMBERS/MANAGERS TITLE MGRM Occar Cabrera 3011 NE 10th Ave. STREET ADDRESS GITNST 2P TITLE NAME STREET ADDRESS GITNST 2P STREET AD	SIGNATURE		e typed or printer	d name of registe					
9. MANAGING MEMBERS/MANAGERS TITLE MGRM OSCAR Cabrera 3011 NE 10th Ave. CITYST-ZIP POPULATION TITLE NAME STREET ADDRESS CITYST-ZIP STREET ADDRESS S		Olgitata	c, typed of printer	Thame of registe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ii appiid	able.	ָט	AIC .
DUED/MAYS 9. MANAGING MEMBERS/MANAGERS TITLE MARM ANAME OSCAR Cabrera 3011 NE 10th Ave. OTHER ADDRESS OTHER ADDR				e apro-	AEEESOO	ละการกระสมั			
MGRM Oscar Cabrera Sinter Address Cityst 2ip Pompano Beach, FL 33064 TITLE NAME STREET ADDRESS CITYST 2ip TITLE NAME STRE					odeovann	ر دې اوپ ين			
MGRM Oscar Cabrera Sinter Address Cityst 2ip Pompano Beach, FL 33064 TITLE NAME STREET ADDRESS CITYST 2ip TITLE NAME STRE	9.	MANAG	ING MEMBERS/	MANAGERS					
STREET ADDRESS OTY-ST-ZIP Pompano Beach, FL 33064 OTY-ST-ZIP TITLE NAME STREET ADDRESS OTY-ST-ZIP STREET ADDRESS OTY-ST-ZIP TITLE NAME STREET ADDRESS OTY-ST-ZIP STREET ADDRE		MGRM			Title .		Brusie		
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET		1			GHAMATA GARAKANI		overtreger state of the state of the second	rae neo.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	1			064	The strange of the state of		andries and the second second	i di construcción.	
STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE					TITLE	10 10 10 10	Parishing of the State of the S		
CITY-ST-ZP. TITLE NAME STREET ADDRESS CITY-ST-ZP. TITLE NAME STREET ADDRESS CITY-ST-ZP. STREET ADDRESS CITY-ST-ZP. STREET ADDRESS CITY-ST-ZP. TITLE NAME STREET ADDRESS CITY-ST-ZP. STREET ADDRESS CITY-ST-ZP. TITLE NAME STREET ADDRESS CITY-ST-ZP. STREET ADDRESS CITY-ST-ZP. TITLE NAME STREET ADDRESS CITY-ST-ZP. STREET ADDRESS	NAME STREET ADDRESS				C. 44 (1970) 05 (1970)	1			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ST					A TO SERVE BUILDING	i i			Hayou Hall to the
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT			-		- fine / with the	6 PS 1000 S		Maria de la Caración de la Caración Maria de la Caración	***************************************
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL	NAME STREET ADDRESS				20.0071031031031031031031031031031031031031031	u Serie			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 lability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Oscar Cabrera 7/15/2004 561-483-6888	CITY-ST-ZIP	1					DO NOT	WRITE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 teport 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Oscar Cabrera 7/15/2004 561-483-6888	TITLE						Here IN THIS	SPACE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-	STREET ADDRESS	<u> </u>				1 A +			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 leport 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: Oscar Cabrera 7/15/2004 561-483-6888		<u> </u>			distribution in the con-	9.34	Augustanies atrocerous en con		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this leport 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: Oscar Cabrera 7/15/2004 561-483-6888									
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this leport 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Oscar Cabrera 7/15/2004 561-483-6888					4.00		Commission of the Commission o		**************************************
NAME STREET ADDRESS CITY-ST-ZIP 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 leport 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Oscar Cabrera 7/15/2004 561-483-6888				<u> </u>	4				
STREET ADDRESS CITY-ST-ZIP 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 leport 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Oscar Cabrera 7/15/2004 561-483-6888	NAME								
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 leport 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 lability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Oscar Cabrera 7/15/2004 561-483-6888					TO SELECT ON THE SECOND SE				
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 flathing company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Oscar Cabrera 7/15/2004 561-483-6888	CITY-ST-ZIP	<u> </u>					Administration of the second	esconde (Sac Mario de Os esco	A PLANT
or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Oscar Cabrera 7/15/2004 561-483-6888	11, I hereby cer	rtify that the i	information supplied wi	th this filing does not q	ualify for the exemption	stated in t	Section 119.07(3)(i), Florida Statu	ites. I further o	ertify that the
SIGNATURE AND TYPER OR PRINTED BY A E SOMEON MANAGER OR HUMBERD MANAGER HUMBERD MANAGER OR HUMBERD MANAGER HUMBERD MANAGER HUMBERD MANAGER HUMBER	or manager	r of the limite	d lability company or t	he receiver or trustee e	empowered to execute t	this report	areneor as ir made under oath; the as required by Chapter 608, Florid	at i am a man da Statutes.	aging member
SIGNATURE AND TYPER OR PRINTED BY A E SOMEON MANAGER OR HUMBERD MANAGER OR HUMBERD DEPOSED DEPOSED BY	SIGNATU	RE: +	* Z						
		7	RAME OF SIGNING MANAGING MEN				7/15/2004		-483-6888 Paytime Phone #

561-483-6888 Daytime Phone #



20423 State Road 7 F-6PBMB 290 Boca Ration, FL 33498 561-483-6888 Tele. 561-483-0054 Fax

SKS and Associates

To: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Report Notices

. -- i

To Whom It May Concern:

Enclosed, please find a UBR for **Parthenon Holdings**, **LLC** and we have enclosed a check in the amount of \$50. In reviewing the information on the internet, it was revealed to us that we were supposed to receive a postcard notifying the above named, of the filing requirements by May 1.

Please note that the above named taxpayer did not receive said notification. Therefore, we are filing this protest and have enclosed, what would have been, the proper fee. Thanking you in advance.

Respectfully Submitted:

SKS and Associates