

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034741

FILED  
Jul 13, 2004  
Secretary of State

Entity Name: PASSPORT DIRECT, LLC

**Current Principal Place of Business:**

2890 NE 187 ST.  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2890 NE 187 ST.  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 14-1895101      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DILLON, JAMES  
2890 NE 187TH STREET  
AVENTURA, FL 33180    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: DILLON, JAMES  
Address: 2890 NE 187TH STREET  
City-St-Zip: AVENTURA, FL 33180

Title: MGR      ( ) Delete  
Name: AQUA MARINE PARTNERS,  
Address: 2890 NE 187TH STREET  
City-St-Zip: AVENTURA, FL 33180

Title: MGR      ( ) Delete  
Name: CONDON, DAVE  
Address: 2890 NE 187TH STREET  
City-St-Zip: AVENTURA, FL 33180

Title: MGR      ( ) Delete  
Name: BEN-NISSAN, MEIR  
Address: 2890 NE 187TH STREET  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVE CONDON

MGR

07/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date