


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90035 002 \*\*\*\*50.00

<b>DOCUMENT # L03000035309</b> 1. Entity Name <b>WHAT ELSE, L.L.C</b>					
Principal Place of Business 2457 A S HIAWASSEE RD APT 261 ORLANDO, FL 32835			Mailing Address 2457 A S HIAWASSEE RD APT 261 ORLANDO, FL 32835		
2. Principal Place of Business <b>1596 CORONADO ROAD</b> Suite, Apt. #, etc.			3. Mailing Address <b>1596 CORONADO ROAD</b> Suite, Apt. #, etc.		
City & State <b>WESTON, FLORIDA</b> Zip <b>33327</b> Country <b>U.S.</b>			City & State <b>WESTON, FLORIDA</b> Zip <b>33327</b> Country <b>U.S.</b>		
4. FEI Number <b>47-0930658</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MORALES, OLDANIA</b> <b>79 ANDORA CT</b> <b>KISSIMMEE, FL 34758</b>			7. Name and Address of New Registered Agent Name <b>MORALES, OLDANIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1596 CORONADO ROAD</b> City <b>WESTON</b> <b>FL</b> Zip <b>33327</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. SIGNATURE <b>Luis GONZALEZ MGR.</b> <b>04/23/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. *MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORALES, OLDANIA 79 ANDORA CT KISSIMMEE, FL 34758		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, LUIS 79 ANDORA CT KISSIMMEE, FL 34758		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, JESSICA AV RIO ORINOCO SAN JUAN CASA #126 A33 VALENCIA CARABOBO,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, MICHELLE AV RIO ORINOCO SAN JUAN CASA #126 A33 VALENCIA CARABOBO,		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	
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	
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>SIGNATURE:</b> <b>Luis GONZALEZ MGR.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>04/23/2004</b> <small>Date Daytime Phone #</small>		