


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-01-2004 90314 025 ****50.00

| | | | | | |
|--|---------------------------------|--|--|---|--|
| DOCUMENT # L03000035436 | | | |  | |
| 1. Entity Name MISAKOR, LLC | | | | | |
| Principal Place of Business 3182 TIMUCUA CIR. ORLANDO, FL 32837 | | | Mailing Address 3182 TIMUCUA CIR. ORLANDO, FL 32837 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01072004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 30-0204064 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KAPLAN, ROBIN LYNN 3182 TIMUCUA CIR. ORLANDO, FL 32837 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | 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 re-registering) | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | DATE _____ | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE PRESIDENT NAME ROBIN L. KAPLAN STREET ADDRESS 3182 TIMUCUA CIR. CITY - ST - ZIP ORLANDO, FL 32837 | <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 | |
| 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 | |
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| 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. | | | | | |
| SIGNATURE: <i>Robin L. Kaplan</i> Robin L. Kaplan | | | 2/27/04 407-579-0918 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |

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