
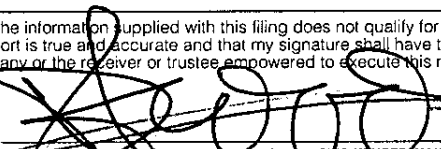


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90231 029 \*\*\*\*50.00

|  |  |                       |  |   |  |
|--|--|-----------------------|--|---|--|
| <b>DOCUMENT # L03000035472</b>   |  |                       |  |  |  |
| <b>1. Entity Name</b><br>ENDACO INVESTMENTS, LLC   |  |                       |  |   |  |
| <b>Principal Place of Business</b><br><del>1800 WEST 68TH STREET, SUITE #206</del><br><del>HIALEAH, FL 33012</del>   |  |                       | <b>Mailing Address</b><br>1800 WEST 68TH STREET, SUITE #206<br>HIALEAH, FL 33012   |   |  |
| <b>2. Principal Place of Business</b><br>6105 HOLLYWOOD BLVD   |  |                       | <b>3. Mailing Address</b>  |   |  |
| Suite, Apt. #, etc.  |  |                       | Suite, Apt. #, etc.  |   |  |
| <b>City &amp; State</b><br>HOLLYWOOD FL,   |  |                       | <b>City &amp; State</b>  |   |  |
| <b>Zip</b><br>33024-7937   |  | <b>Country</b><br>USA |  | <b>4. FEI Number</b><br>03-0528229  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |                       |  | Applied For<br>Not Applicable   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>COVOS, DAVID A<br>3400 N.E. 192ND STREET, #2108<br>AVENTURA, FL 33180  |  |                       | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| <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>   |  |                       |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</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>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | MGR<br>COVOS, DAVID A<br><del>1800 WEST 68TH STREET, SUITE #206</del><br><del>HIALEAH, FL 33042</del>  |                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | 3400 N.E. 192ND STREET #2108<br>AVENTURA FL, 33180                                |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | ST<br>COVOS, ENRIQUE H<br><del>1800 WEST 68TH STREET, SUITE #206</del><br><del>HIALEAH, FL 33042</del> |                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | 21205 N.E. 37TH AVENUE #1609<br>AVENTURA FL, 33180                                |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <br>   |                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |  |                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |  |                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |  |                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   |  |
| <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>  <u>David A. Covos 3/8/04</u>   |  |                       |  |   |  |
| <small>SIGNATURES TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                       |  |   |  |