

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90114 045 \*\*\*\*55.00

**24077456**



<b>DOCUMENT # L03000037306</b> 1. Entity Name <b>EVART VENTURE LLC</b>					
Principal Place of Business <b>9715 ARBOR OAKS COURT</b> <b>101</b> <b>BOCA RATON, FL 33428</b>			Mailing Address <b>9715 ARBOR OAKS COURT</b> <b>101</b> <b>BOCA RATON, FL 33428</b>		
2. Principal Place of Business <b>3131 CAMBRIDGE F</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>3131 CAMBRIDGE F</b> <small>Suite, Apt. #, etc.</small> <b>DEERFIELD BEACH, FL</b>			
City & State <b>DEERFIELD BEACH, FL</b>		City & State <b>DEERFIELD BEACH, FL</b>		4. FEI Number <b>200247280</b>	
Zip <b>33442</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DOBROWOLSKI, EVA D</b> <b>9715 ARBOR OAKS COURT</b> <b>101</b> <b>BOCA RATON, FL 33428</b>			7. Name and Address of New Registered Agent Name <b>EVA D. DOBROWOLSKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>3131 CAMBRIDGE F</b> City <b>DEERFIELD BEACH FL</b> Zip Code <b>33442</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>EVA D. DOBROWOLSKI</b> <i>Eva D. Dobrowolski</i> <b>5/1/04</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 September 8, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOBROWOLSKI, EVA D 9715 ARBOR OAKS COURT # 101 BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MGR 3131 CAMBRIDGE F DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOBROWOLSKI, ARTHUR K 9715 ARBOR OAKS COURT # 101 BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MGR 3131 CAMBRIDGE F DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIMNOCH, DANIEL A 9715 ARBOR OAKS COURT # 101 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <b>ARTHUR K. DOBROWOLSKI</b> <i>Arthur K. Dobrowolski</i> <b>5/1/04</b> - <b>561-392-3770</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

**561-306-4815**