


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-02-2004 90143 029 \*\*\*\*50.00

<b>DOCUMENT # L03000038294</b>	
1. Entity Name <b>MAIDSTONE SALES GROUP LLC</b>	

Principal Place of Business <b>5200 NORTH FEDERAL HIGHWAY, SUITE #2- FORT LAUDERDALE FL 33308</b>	Mailing Address <del>P.O. BOX 468801</del> <del>FORT LAUDERDALE FL 33346</del>
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MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address <b>P.O. Box 628</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Loxahatchee, FL</b>	
Zip	Country	Zip	Country
<b>33470</b>		<b>USA</b>	

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FILINGS, INC.</b> <b>3732 N.W. 16TH STREET</b> <b>FT. LAUDERDALE FL 33311-4192</b>	
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7. Name and Address of New Registered Agent	
Name <b>Dayton Hedges</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5200 North Federal Highway, Suite 2</b>	
City <b>Fort Lauderdale</b>	FL <b>33308</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  Signature, typed or printed name of registered agent and title if applicable.	DATE <b>2/25/04</b> DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGR HEDGES, DAYTON W 5200 NORTH FEDERAL HIGHWAY, SUITE #2-1172 FORT LAUDERDALE FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGR HEDGES, CARMEN A 5200 NORTH FEDERAL HIGHWAY, SUITE #2-1172 FORT LAUDERDALE FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>ST HEDGES, CARMEN A 5200 NORTH FEDERAL HIGHWAY, SUITE #2-1172 FORT LAUDERDALE FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <b>2/25/04</b> DATE
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