

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90496 023 ****55.00

DOCUMENT # L03000040874					
1. Entity Name ABOVE & BEYOND INTERNATIONAL ENTERPRISES, L.L.C.					
Principal Place of Business 1896 GAMMON LANE ORLANDO, FL 32811			Mailing Address 1896 GAMMON LANE ORLANDO, FL 32811		
2. Principal Place of Business		3. Mailing Address P.O. Box 617455			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Orlando, FL		4. FEI Number 52-2403691	
Zip		Zip 32861		Country US	
6. Name and Address of Current Registered Agent RILEY, SHARON 1896 GAMMON LANE ORLANDO, FL 32811				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREEN, CHERYL 1433 S. KIRKMAN ROAD, STE. 2052 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY - ST - ZIP	4070 Shannon Brown Drive Orlando, FL 32808	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WASHINGTON, PORTIA 701 WILLOW AVENUE SANFORD, FL 32773		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RILEY, SHARON 1896 GAMMON LANE ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 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: <u>Sharon Y. Riley</u> <u>4/1/04</u> <u>407-719-8002</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					