

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000043264

**FILED**  
**Jul 09, 2004**  
**Secretary of State**

**Entity Name:** GLOBAL HOUSEHOLD GOODS DISTRIBUTORS, L.L.C.

**Current Principal Place of Business:**

C/O ARIEL BENTATA  
20801 BISCAYNE BLVD., SUITE 403  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ARIEL BENTATA  
20801 BISCAYNE BLVD., SUITE 403  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LESLIE ALAN ROZENCWAIG, P.A.  
ONE S.E. THIRD AVENUE, SUITE 960  
MIAMI, FL 33131    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      BENTATA, ARIEL J  
Address:                      20801 BISCAYNE BLVD,SUITE 403  
City-St-Zip:                      AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ARIEL BENTATA

MGR

07/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date