

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90060 013 \*\*\*\*50.00

<b>DOCUMENT # L03000043355</b>					
<b>1. Entity Name</b> ROYAL AGE DILIGENCE, LLC					
<b>Principal Place of Business</b> 10730 S.W. 14 CT. DAVIE, FL 33324			<b>Mailing Address</b> 10730 S.W. 14 CT. DAVIE, FL 33324		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O BOX 550892			
Suite, Apt. #, etc.		Suite, Apt. #, etc. FORT LAUDERDALE, FL			
City & State		City & State			
Zip	Country	Zip 333-55	Country USA	<b>4. FEI Number</b> 300431492	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MORENO, NOHRA M 1730 SW 14 CT DAVIE, FL 33324					
<b>7. Name and Address of New Registered Agent</b>					
Name <b>MORENO, NOHRA M</b>					
Street Address (P.O. Box Number is Not Acceptable) 10730 SW 14 CT					
City <b>DAVIE FL</b> <b>FL</b> Zip Code <b>33324</b>					
<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 reissuing) _____ DATE _____					
<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 M NOHRA MORENO 10730 SW 14 CT DAVIE, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M NOHRA MORENO 10730 SW 14 CT DAVIE, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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> <i>Nohra Moreno</i>			07/08/04 (954) 816-7997		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		