2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 23, 2004 8:00 am Secretary of State

							uary or k	June
DOCUMENT # L03000044298 1. Entity Name PIRATE SOUL, LLC					07-23-2004 90067 014 ****50.00			
Principal Place of Business 402 W. LANCASTER AVENUE HAVERFORD, PA 19041		Mailing Address 402 W. LANCASTER AVENUE HAVERFORD, PA 19041		14026637				
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07152004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Numbe	2036790		oplied For of Applicable	
Zip		Country Zip Country		у		of Status Desired	S5.00 Add	d
	6. Name and Address of Current	Registered Agent		Nome	7. Name and	Address of New Re	gistered Agent	
HUGHES, ERICA N ESQ.			1	Name SAME				
500 FLEM	ING STREET T, FL 33040	Street Address		P.O. Box Numbe	r is Not Acceptable)			
	1		Ļ	O't-	-			
				City	FL Zip Code			
	 named entity submits this statement for tions of registered agent. 	or the purpose of changing its	registere	d office or register	ed agent, or both	n, in the State of Flor	ida. I am familiar with,	and accept
SIGNATURE .	1							
	Signature, typed or printed name of registered agent	and title if applicable /NOTI	E. Pogistored	Agent signature required	when mineration)		DATE	
	2	and also is approache.	E. negistered	Agent signature required	- Hiller Tellistating)		UAIE	
Fil Due b	ling Fee is \$50.00 by September 8, 2004	the in appropriate.	E. Neglislerec	Agent signizure requied	where elistating)		check payable to Department of State	e
Fil Due t	ling Fee is \$50.00		10.	Agent Signizure (equiled	and rensitating)		check payable to Department of Stat	e
9.	ling Fee is \$50.00 by September 8, 2004 MANAGING MEMBI		10. TITLE		when remstating)	Florida	check payable to Department of Stat	e Addition
9. TITLE NAME	ling Fee is \$50.00 by September 8, 2004 MANAGING MEMBI MGR CROCE, PAT	ERS/MANAGERS	10. TITLE NAME		Wiellersdaug	Florida	check payable to Department of State CHANGES	
9.	ling Fee is \$50.00 by September 8, 2004 MANAGING MEMBI MGR CROCE, PAT 402 W. LANCASTER AVENUE	ERS/MANAGERS	10. TITLE NAME STREE	T ADDRESS	Wiellersaug	Florida	check payable to Department of State CHANGES	
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TYPED OF PRINTER NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE