2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 08, 2004 8:00 am Secretary of State

DOCUI 1. Entity Name EWAN LL	e	# L030000454	485			01-08-2004 90100 022 ****50.00	
Principal Place of Business 7707 NW 20TH ST. MARGATE, FL 33063			Mailing Address 7707 NW 20TH ST. MARGATE, FL 33063			()	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01062004 Chg-LLC CR2E083 (10/03)	
City & State			City & State			4. FEI Number Applied For 20 - 0 4 0 3 8 3 8 Not Applicable	
Zip	Zip Country		Zip Country		itry	5. Certificate of Status Desired	
	6. Name	and Address of Current F	legistered Agent		Name	7. Name and Address of New Registered Agent	
TOMANI OU	14D1 FO F		÷ wet 🚁				
"EWAN, CH 7707 NW 2 MARGATE	OTH ST.			*	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 .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTI	: Registere	beriuper enthangla mega b	when reinstating) DATE	
Fi Di	ling Fee ue by Ma	is \$50.00 y 1, 2004				Make check payable to Florida Department of State	
9.		MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANGES	
TITLE	MGRM		☐ Delete	TITL.	Į.	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	7707 NW	HARLES R JR. 20TH ST. E, FL 33063			EET ADDRESS '-ST-ZIP		
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NAME			•	NAM			
STREET ADDRESS ' City-St-Zip					EET ADORESS '-ST-ZIP		
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STREET ADDRESS					EET ADORESS		
CITY-ST-ZIP -		- <u> </u>			'-ST-ZIP	-	
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NAME STREET ADDRESS					EET ADDRESS		
11 I bereby	CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 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						
hateoibai	on this rong	et ic true and accurate and	that my signature shall have emporiored to execute this	the earn	a lanal affant ac if n	nade under oath; that I am a managing member or manager of the ter 608, Florida Statutes.	
SIGNATURE. LIVE TO TUSINE SIGNATURE. LIVE TO THE SIGNATURE CHARLES R. EWAN, J2 1-6-04 913-063							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone 4							