FILED
May 13, 2004 8:00 am
Secretary of State
03-15-2004 90432 050 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000045862

1. Entity Name
FAMOUS PRINCE INVESTMENTS LLC

Principal Place of Business	Mailing Address
6540 GRANT CT. HOLLYWOOD, FL 33024	6540 GRANT CT. HOLLYWOOD, FL 33024

02042004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
6540 Grant Ct	6540 Grant Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, Fl	City & State: Hollywood FL
Zip: 33024 Country: USA	Zip: 33024 Country: USA

4. FEI Number 22-3899565 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADEDEJI, FATAI 6540 GRANT CT. HOLLYWOOD, FL 33024	Name: Adedeji, Fatai Street Address (P.O. Box Number is Not Acceptable): 6540 Grant Ct. City: Hollywood FL Zip Code: 33024

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Manager Fatai Adedeji 6540 Grant Ct. Hollywood, Fl 33024	☐ 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
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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: [signature] FATAI ADEDEJI 3/1/04 (954) 966 8185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #