

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90146 036 \*\*\*\*50.00

<b>DOCUMENT # L03000048548</b> 1. Entity Name <b>FIRST VENTURE HOLDINGS LLC</b>			
Principal Place of Business <b>281 N. FEDERAL HIGHWAY, SUITE 6 BOCA RATON, FL 33432</b>		Mailing Address <b>281 N. FEDERAL HIGHWAY, SUITE 6 BOCA RATON, FL 33432</b>	
2. Principal Place of Business <b>201 SE 15th Ter</b> Suite, Apt. #, etc. <b>Suite 211</b> City & State <b>Deerfield Beach</b> Zip <b>33441</b> Country	3. Mailing Address <b>201 SE 15th Ter</b> Suite, Apt. #, etc. <b>Suite 211</b> City & State <b>Deerfield Beach</b> Zip <b>33441</b> Country		
4. FEI Number <b>65-1095145</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02172004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent <b>JEFFERS, GREG T 299 NE 2ND STREET BOCA RATON, FL 33432</b>		7. Name and Address of New Registered Agent Name _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>2/14/04</b> <small>(NOTE: Registered Agent Signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE _____ NAME <b>MGRM.</b> <input type="checkbox"/> Delete STREET ADDRESS <b>JEFFERS, GREG T</b> CITY-ST-ZIP <b>299 N.E. 2ND STREET BOCA RATON, FL 33432</b>	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <b>2/14/04</b> Daytime Phone # _____	

Attachment  
34001557

# 581087

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