

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# L03000049432

Entity Name: AGS PROPERTIES LLC

**Current Principal Place of Business:**

9858 GLADES RD  
112  
BOCA RATON, FL 33434 US

**New Principal Place of Business:**

**Current Mailing Address:**

9858 GLADES RD  
112  
BOCA RATON, FL 33434 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWMAN, JILL  
10 FAIRWAY DR  
204  
DEERFIELD BEACH, FL 33441 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: NATHAN, ALAN  
Address: 9858 GLADES RD #112  
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM ( ) Delete  
Name: CONE, GORDON  
Address: 9858 GLADES RD #112  
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM ( ) Delete  
Name: NATHAN, STUART  
Address: 9858 GLADES RD #112  
City-St-Zip: BOCA RATON, FL 33434 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALAN NATHAN

MGRM

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date