


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90557 005 \*\*\*\*50.00

<b>DOCUMENT # L03000049662</b>	
1. Entity Name <b>PRESS ON BROWS, L.L.C.</b>	

Principal Place of Business <b>1800 SOUTH OCEAN BLVD., APT. 8E BOCA RATON FL 33432</b>	Mailing Address <b>1800 SOUTH OCEAN BLVD., APT. 8E BOCA RATON FL 33432 102 N.E. Second Street #378 Boca Raton, FL33432</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 102 N.E. Second Street #378 City & State Boca Raton Florida Zip 33432 Country USA
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MOORE CR2E083 (11/03)

4. FEI Number <b>20-0137281</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent <b>ROBERTS, LEE 1800 SOUTH OCEAN BLVD., APT. 8E BOCA RATON FL 33432</b>		7. Name and Address of New Registered Agent Name <b>Marlynn Roberts</b> Street Address (P.O. Box Number is Not Acceptable) <b>same</b> City <b>FL</b> 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 *Marlynn Roberts* DATE 3/18/04

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, MARLYNNE 1800 SOUTH OCEAN BLVD., APT. 8E BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, LEE 1800 SOUTH OCEAN BLVD., APT. 8E BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marlynn Roberts* 3/18/04 561-368-3763

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