


2004 LIMITED LIABILITY COMPAN. ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90225 041 ****50.00

DOCUMENT # L03000050997 1. Entity Name L.U.K.S. ENTERPRISES, LLC	
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Principal Place of Business 12780 MAPLE RD. NORTH MIAMI FL 33181	Mailing Address 12780 MAPLE RD. NORTH MIAMI FL 33181
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MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 57-1194670	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent SCHWARTZ, DAREN 12780 MAPLE RD. NORTH MIAMI FL 33181	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent SCHWARTZ, DAREN 12780 MAPLE RD. NORTH MIAMI FL 33181	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	SCHWARTZ, DAREN
STREET ADDRESS	12780 MAPLE RD.
CITY-ST-ZIP	NORTH MIAMI FL 33181
TITLE	MGRM <input type="checkbox"/> Delete
NAME	KINGSLEY, JONATHAN
STREET ADDRESS	19404 PRESIDENTIAL WAY
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
TITLE	MGRM <input type="checkbox"/> Delete
NAME	ULRICH, ROBERT II
STREET ADDRESS	13005 KEYSTONE TERR.
CITY-ST-ZIP	NORTH MIAMI FL 33181
TITLE	MGRM <input type="checkbox"/> Delete
NAME	LINK, ANDRES
STREET ADDRESS	13240 CORONADO LANE
CITY-ST-ZIP	NORTH MIAMI FL 33181
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	?
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: *Daren Schwartz* 2/19/04 (305) 785-4307

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