

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055884

FILED  
Sep 02, 2004  
Secretary of State

Entity Name: BRAVE HEARTS GROUP "LLC"

**Current Principal Place of Business:**

1223 SADDLEBACK RIDGE RD.  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

1223 SADDLEBACK RIDGE RD.  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 73-1689839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FARAH, JOHN N  
1223 SADDLEBACK RIDGE RD.  
APOPKA, FL 32703 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: SLEDGE, ANNA Y  
Address: 1223 SADDLEBACK RIDGE RD.  
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM ( ) Delete  
Name: FARAH, JOHN N  
Address: 1223 SADDLEBACK RIDGE RD  
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM ( ) Delete  
Name: SLEDGE, ANNA Y  
Address: 1223 SADDLEBACK RIDGE RD.  
City-St-Zip: APOPKA, FL 32703 FL

**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: JOHN N. FARAH

MM

09/02/2004

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