2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						FILED				
1. Entity Nam	MENT # L95000000000000000000000000000000000000)9				Feb 02, 2004 08:00 AM Secretary of State				
LIMION	OWERS, LC.				3					
Principal Place of Business		Mailing Address								
4400 N FEDERAL HWY SUITE 210 BOCA RATON FL 33431		4400 N FEDERAL HWY SUITE 210 BOCA RATON FL 33431					III TEE 65576 BAIII 110111 T			ETT 111 1001
2. Principal Place of Business		3. Mailing Address			- · -					
Suite, Apt. #. etc		Suite, Apt #, etc.				MOORE CR2E083 (11/03)				
City & State		City & State			4. FE! Number	65-05493	59		plied For at Applicable	
Zıp	Country	Zip	Count	try		5. Certificate of	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent		Name		7. Name and	Address of Nev	Registered A	kgent	***
PRIN	NCE, ALLEN					0 D. N		h l a l		
440	0 N FEDERAL HWY FE 210			Street Add	dress (P.O. Box Number is Not A		er is Not Accepta	Die)		···· ·
BOCA RATON FL 33431				-					Zip Code	
				City			erve ve S. Tour	FL	• `	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistere	ed office of re	egistere	ed agent, or both	n, in the State of	riorida (am i	aminar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable (NOTE.	Registero	d Agent signature	e required	when reinstating)		DATE		
				FEE IS \$50						
		Make Check Payable		orida Depa ay 1, 2004		nt of State				
9.	MANAGING MEMB		10.		v. '.s-	~,	ADDITION	IS/CHANGES		• • • • • • • • • • • • • • • • • • • •
TITLE	MEM	☐ Delete	TITLE	Ξ			-		Change	Addition
NAME STREET ADDRESS	PRINCE, ALLEN 4400 N FEDERAL HWY #210		NAM STRE	ET ADDRESS		Ð.	U000000305 02/04/04-8011	30539 ni 14-003	3 50 OB	
CITY-ST-ZIP	BOCA RATON FL 33431		1	CITY-ST-ZIP			JE 2 17 0 1 WOILT 0			
TITLE	MEM	☐ Delete	TITL	- ,					☐ Change	☐ Addition
NAME STREET ADDRESS	PRUINCE, ELAYNE 4400 N FEDERAL HWY #210		NAM STRE	E ET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33431		CITY	-ST-ZIP						
THILE		☐ Delete	TITLE	I .					Change	Addition
NAME STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP		·	CITY	-ST-ZIP						- <u></u> -
TITLE NAME		☐ Delete	TITLE						Change	Addition Addition
STREET ADDRESS				ET ADDRESS						
CITY-\$T-ZIP		-mm	CITY	- ST- ZIP						
TITLE NAME		☐ Delete	TITLE						☐ Change	Addition
STREET ADDRESS				EET ADDRESS					1	
CITY-ST-ZIP		<u> </u>	-	-ST-ZIP		,	•			
TITLE NAME		☐ Delete	TITLI	- 1					☐ Change	☐ Addition
STREET ADDRESS			STRE	EET ADDRESS						
CITY-ST-ZIP	continue that the interest attention as an extension of the	h Marting bloor not qualify for	•	-ST-ZiP	d in Se	ction 119 07/21/3) Florida Statute	se (furtier co	rtify that the i	nformation
indicated limited lis	certify that the information supplied will don this report is true and accurate an ability company or the receiver or trust	d that my signature shall have the empowered to execute this r	he same eport as	e legal effect s required by	t as if m y Chapt	nade under oath; ter 608, Florida S	; that I am a ma Statutes.	naging memb	er or manage	er of the

SIGNATURE: 1/27/64 51/-394-6999 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despirite Proces 7