


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

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| DOCUMENT # L96000000175 1. Entity Name ORAN ENTERPRISES, L.C. |  |
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| Principal Place of Business 555 N.W. 95TH STREET MIAMI, FL 33150 | Mailing Address 555 N.W. 95TH STREET MIAMI, FL 33150 |
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04272004 No Chg-LLC

CR2E083 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 65-0648860 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GAMMILL, WARREN P 1101 BRICKELL AVE, SUITE 1700 MIAMI, FL 33131 |
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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 _____
Signature: typed or printed name of registered agent and title if applicable


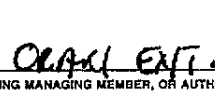
**Filing Fee is \$50.00
Due by May 1, 2004**

U000000136345
04/28/04-80098-012 \$0.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM TIMINSKY, JOHN E 555 NW 95TH STREET MIAMI, FL 33150 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MANN-TIMINSKY, LISA 555 NW 95TH STREET MIAMI, FL 33150 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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:  **ORAN ENT.**  **26 April 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #