

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90026 025 \*\*\*\*50.00

**DOCUMENT # L96000000602**

1. Entity Name  
PUMP BY THE SEA L.C.



Principal Place of Business  
4353 NORTH OCEAN DR.  
LAUDERDALE BY THE SEA, FL 33308

Mailing Address  
4353 NORTH OCEAN DR.  
LAUDERDALE BY THE SEA, FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
65-0679639

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent

MONTELLO, LOUIS R  
701 BRICKELL AVENUE  
SUITE 1200  
MIAMI, FL

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME J.A.A.I. CORP.  
STREET ADDRESS 19724 DINNER KEX  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME MAJOR AMERICAN MARKETING INTERNATIONAL COR  
STREET ADDRESS 6318 N.W. 23RD STREET  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition  
NAME King David Bakery & More, LLC  
STREET ADDRESS 21069 NE 31 Avenue  
CITY-ST-ZIP Miami, FL 33180

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-12-04

954-7761490