

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000164

FILED
Jan 12, 2004
Secretary of State

Entity Name: ADRIANA SCHAKED TRANSLATIONS LLC

Current Principal Place of Business:

P.O. BOX 630635
NORTH MIAMI, FL 331630635

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 630635
NORTH MIAMI, FL 33163

New Mailing Address:

FEI Number: 65-0818083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAKED, ADRIANA
3530 MYSTIC POINTE DRIVE
AVENTURA, FL 33180 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: MGR () Delete
Name: SCHAKED, ADRIANA
Address: 3530 MYSTIC POINTE DRIVE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHAKED, ADRIANA
Address: 3530 MYSTIC POINTE DRIVE
City-St-Zip: AVENTURA, FL 33180

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: ADRIANA SCHAKED

MGRM

01/12/2004

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