2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE NAME STREET ADDRESS

FILED May 05, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
·	MENT # L98000	0002844		Seci	ctary or State	
1. Entity Name DALLAS ISAN, L.L.C.						
0,122.10						
1	e of Business	Mailing Address				
	7TH STREET E POINT, FL 33064	1389 NW 136TH AVE. Sunrise, Fl. 33323				
				1 SWM(SWSS WIN SWSW) 18655 MW755 WW107	##\$ #####	
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DO NOT WRITE IN THIS SPA			PACE	04122004 No Chg-LLC	CR2E083 (10/03)	
				4. FEI Number 65-0959275	Applied For Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of	Current Registered Agent		-		
JERRY ISAN 2420 N.E. 27TH STREET LIGHTHOUSE POINT, FL 33064				DO NOT	VDITE	
				DO NOT WRITE IN THIS SPACE		
	named entity submits this state	ement for the purpose of changing its re	gistered office or registe	ered agent, or both, in the State of	Florida. I am familiar with, and accept	
	nono or rogiotoreo ogenia					
SIGNATURE.	Signature, typed or printed name of regist	ared agent and little if applicable. (NOTE. F	egistored Agent signature require	ed when roinstating)	DATE	
Filing Fee is \$50,00 Due by May 1, 2004				tinar 05/0 6 /6	100157171 14-80016-005 50.00	
9.	MANAGING	MEMBERS/MANAGERS				
THE	MGRM ISAN, JERRY		1			
NAME STREET ADDRESS	2420 N.E. 27TH STREET					
CITY-ST-ZIP	LIGHTHOUSE POINT, FL	33064				
TITLE						
STREET ADDRESS						
City-ST-ZIP						
NAME			İ			
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
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NAME				IN THIS SPACE		
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TITLE					•	
NAME						
STREET ADDRESS			1			

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

TURE: X Lengy Sour / WY SGN X 1-24-64 (374)846-8400
SIGNATURE AND TYPED WARE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date

CHAPTER MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date

CHAPTER MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE