


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001395 1. Entity Name LISEMA, L.C.	
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Principal Place of Business 5200 OCEAN DRIVE, CONNICHE #1405 SINGER ISLAND, FL 33404-2616	Mailing Address 5200 OCEAN DRIVE, CONNICHE #1405 SINGER ISLAND, FL 33404-2616
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0906990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRISSERT, THIERRY
5200 OCEAN DRIVE, CONNICHE #1405
SINGER ISLAND, FL 33404-2616**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRISSERT, THIERRY 5200 OCEAN DRIVE CONNICHE # 1405 SINGER ISLAND, FL 334042616
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04/26/04-80019-023 55.00

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, OR AUTHORIZED REPRESENTATIVE

4.20.04 212-546.9220
Date Daytime Phone #