2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000004905

1. Entity Name
NUTSNBOLTS, LLC

Principal Place of Business	Mailing Address
19501 BISCAYNE BLVD SUITE 400 AVENTURA, FL 33180	19501 BISCAYNE BLVD SUITE 400 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

04262004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number 65-0940266	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SOFFER, MARSHA
19501 BISCAYNE BLVD
SUITE 400
AVENTURA, FL 33180

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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

U00000140225
04/29/04-80154-001 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SOFFER, MARSHA
STREET ADDRESS	19501 BISCAYNE BLVD SUITE 400
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4-27-04   305 937-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #