2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000006408

1. Entity Name
TSUKUDA ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
10275 S.W. 20TH STREET DAVIE, FL 33324	10275 S.W. 20TH STREET DAVIE, FL 33324

01142005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0963869
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TSUKUDA, ROBERT B
10275 S.W. 20TH STREET
DAVIE, FL 33324

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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, 2005

U00000182219
01/19/05-80019-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TSUKUDA, ROBERT
STREET ADDRESS	10275 S.W. 20TH STREET
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	MGRM
NAME	TSUKUDA, AMY
STREET ADDRESS	10275 S.W. 20TH STREET
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ROBERT B. TSUKUDA Robert B. Tsukuda January 14, 2005 954/476-7359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #