


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

|   |  |
|---|--|
| DOCUMENT # L99000006559<br>1. Entity Name<br><b>ACCOUNT MANAGEMENT, LLC</b> |  |
|---|--|

|   |   |
|---|---|
| Principal Place of Business<br><b>1015 10TH STREET<br/>         LAKE PARK, FL 33403</b> | Mailing Address<br><b>1015 10TH STREET<br/>         LAKE PARK, FL 33403</b> |
|---|---|



03192004 No Chg-LLC CR2E083 (10/03)

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|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>65-0956952</b>                        | Applied<br>Not App                    |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**BAKER-HUGHES, ROCHELLE  
 1015 10TH STREET  
 LAKE PARK, FL 33403**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>OLIVEIRA, ADRIANA<br>1015 10TH STREET<br>LAKE PARK, FL 33403 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 04/16/04-80086-010 50.00

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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: *Adriana*