


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000007340 1. Entity Name DEAN VEGOSEN, P.L.	
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Principal Place of Business 515 N. FLAGLER DR. 18TH FLOOR WEST PALM BEACH, FL 33401	Mailing Address 515 N. FLAGLER DR. 18TH FLOOR WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0960582	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

VEGOSEN, DEAN
515 N. FLAGLER DR. 18TH FLOOR
WEST PALM BEACH, FL 33401

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2004**


U000000895587
03/24/04-80040-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VEGOSEN, DEAN 515 N. FLAGLER DR. 18TH FLOOR WEST PALM BEACH, FL 33401
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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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3/19/04 <small>Date</small>	561-832-5700 <small>Daytime Phone #</small>
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