


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90214 035 ****50.00

DOCUMENT # L99000007479 1. Entity Name PRODUCE-ING RESULTS INTERNATIONAL, LLC					
Principal Place of Business 2700 W. CYPRESS CREEK RD., B-111 FT. LAUDERDALE, FL 33309			Mailing Address 2700 W. CYPRESS CREEK RD., B-111 FT. LAUDERDALE, FL 33309		
2. Principal Place of Business 2800 GLADES CIRCLE Suite, Apt. #, etc. BLDG E-106 City & State WESTON FL Zip 33327 Country BROWARD		3. Mailing Address 2800 GLADES CIRCLE Suite, Apt. #, etc. BLDG. E-106 City & State WESTON FL Zip 33327 Country BROWARD			
4. FEI Number 65-0961408				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03192004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 NORTHWEST 16TH STREET FORT LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OGRM FRAGA, AGNES 2700 W. CYPRESS CREEK RD., B-111 FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RITCHART, ROBERT 2700 W. CYPRESS CREEK RD., B-111 FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Agnes L. Fraga</u> AGNES L. FRAGA			Date <u>3/19/04</u>		