2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000007654

1. Entity Name
DISCOVERY - SEA AND LAND - ALL SERVICES, LLC

Principal Place of Business	Mailing Address
700 E DANIA BCH BLVD 202 DANIA, FL 33004	6919 W BROWARD BLVD 310 PLANTATION, FL 33317

2. Principal Place of Business
6919 W. Broward Blvd

Suite, Apt. #, etc.
Suite 310

City & State
Plantation, Fl

Zip 33317   Country USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip   Country

01232004   Chg-LLC   CR2E083 (10/03)

4. FEI Number
65-0961884
Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEHAR, LARRY J P.A. 888 SOUTHEAST THIRD AVENUE, SUITE 400 FORT LAUDERDALE, FL 33316	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 _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	LEGROS, JEAN-LOUIS		NAME			
STREET ADDRESS	888 SOUTHEAST THIRD AVENUE, SUITE 400		STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _Jean Louis Legros_   01/30/04

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