2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED Jun 07, 2004 08:00 AM Secretary of State

Daytima Phone #

1. Entity Nat	MENT # M00000000000000000000000000000000000	276			·	
Principal Pla 1305 SHOT DAVIE, FL		Meiling Address 1305 SHOTGUN RD. DAVIE, FL 33326		C GEOGRAFII EN KANK AANN BANK BANK BANK	M WARIN WARIN WARRANG	M
r	OO NOT WRITE	IN THIS SPA	int send	03272003 No Chg-LLC	CR2E083 (10/03)	of East
_	The second secon			4. FEI Number 94-3352012	Not Ap	plicabl
	6. Name and Address of Current Re	latered Areat	T-15-year layer	5. Certificate of Status Desired	\$5.00 Addition Fee Required	al
O'SHEA, I 1305 SHO DAVIE, FI	RICHARD P DTGUN RD.	gistered Agent		DO NOT W	रक्त और १६ मीं। ११ र १६ मा अल्लाहरू	
the obligation	Signature, typed or printed name of registered agent and		ered office or registere	id agent, or both, in the State of Flo	rida. I am familiar with, and i	accept
	ling Fee is \$50.00 by September 5, 2004					
9. TITLE NAME SIREEI ADDRESS CITY-ST-ZIP	MANAGING MEMBERS MGR O'SHEA, RICHARD P 1305 SHOTGUN RD. DAVIE, FL 33326	/MANAGERS		06/07/04	162191 80002-017 50.0	iù i
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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Title Name Street address Caty-St-Zip				IN THIS SP	ACE	का भोजी प्राप्त के की
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TIFLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby c indicated limited hat	ertily that the information supplied with this on this report is true and accurate and that billity company or the face was or trying on	filing does not qualify for the ex- my signature shall have the sam powered to execute this report a	emption stated in Secti- ne legal effect as if mad as required by Chapter	on 119 07(3)(i), Florida Statutes, I fude under path, that I am a managin 608, Florida Statutes.	rther certify that the informat g member or manager of the	tion e