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

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000000711

1. Entity Name
MEL OGRIN ENTERPRISES, LLC

Principal Place of Business	Mailing Address
10791 AVENIDA SANTA ANA BOCA RATON, FL 33498	1597 NOTTINGHAM RD. CHARLESTON, WV 25314

07012004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1023120
Applied For
Not Applicable

5. Certificate of Status Desired X $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OGRIN, MEL
10791 AVENIDA SANTA ANA
BOCA RATON, FL 33498

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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 MEL OGRIN Mel Ogrin 6/30/04
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 September 8, 2004

000000163896
07/07/04-80022-016 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEL OGRIN
STREET ADDRESS	10791 AVENIDA SANTA ANA
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 605, Florida Statutes.

SIGNATURE: MEL OGRIN Mel Ogrin 6/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #