

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90058 028 ****50.00

DOCUMENT # M01000001373

1. Entity Name

GEOFOCUS, LLC



Principal Place of Business

**3651 FAU BLVD
215
BOCA RATON FL 33431**

Mailing Address

**3651 FAU BLVD
215
BOCA RATON FL 33431**

24055208



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1111831

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☒ Delete
NAME KAJIWARA, KENJI
STREET ADDRESS 600 THIRD AVENUE
CITY-ST-ZIP NEW YORK NY 10016

TITLE MGR ☐ Delete
NAME GRAUSTEIN, ROBERT
STREET ADDRESS 600 THIRD AVENUE
CITY-ST-ZIP NEW YORK NY 10016

TITLE MGR ☐ Delete
NAME NAKAYAMA, KOICHIRO
STREET ADDRESS 600 THIRD AVENUE
CITY-ST-ZIP NEW YORK NY 10016

TITLE MGR ☐ Delete
NAME ANTONIELLO, GINO
STREET ADDRESS 700 NORTHWEST 12TH AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE MGR ☐ Delete
NAME MOLITORIS, JOLENE
STREET ADDRESS 3651 FAU BLVD STE 215
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/04

Date

561 955 1480

Daytime Phone #