LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Sep 17, 2004 8:00 am Secretary of State DOCUMENT # MD2020201868 08-31-2004 90032 031 ****55.00 PRUDENCIO CLASSCIS LLC 34010426 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address RoAD Suite, Apt. #, etc. . DO NOT WRITE IN THIS SPACE tome Applied For Not Applicable HORLS \$5.00 Additional Fee Required Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 8. The above named only submits this statement t for the purpose of changing its registered office or registered agent, or both, in the the obligations 8-24-04 SIGNATURE FEE IS \$50.00 Make Check Payable to Floride Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS CR2E083B (12/02) TITLE TITLE EURO CAMACAGESTER NJ MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ACCORESS CITY-ST-ZIP CITY-ST-ZIP TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP CITY-ST-ZIP nne IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NELLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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.

ER MANAGER OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

Attachment



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

September 2, 2004

PRUDENCIO CLASSICS, L.L.C. 59 SOUTH ROAD CHESTER, NJ 07930

Subject: PRUDENCIO CLASSICS, L.L.C.

Reference Number:

M02000001868

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rg

ANNUAL REPORTS SECTION