2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001920

1. Entity Name
CENTORQUE, LLC

Principal Place of Business	Mailing Address
3191 S.W. 11TH STREET BLDG 100 DEERFIELD BEACH, FL 33442	3191 S.W. 11TH STREET BLDG 100 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

01122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
36-4498990
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEIBOWITZ, PATRICIA
3191 S.W. 11TH STREET BLDG 100
DEERFIELD BEACH, FL 33442

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEIBOWITZ, MARTIN NICK
STREET ADDRESS	3191 S.W. 11TH STREET BLDG 100
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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04/22/04-80087-023 50.00

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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: Martin Nick Leibowitz 4/19/04 954-480-6485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #