


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000001560
 1. Entity Name
SAMUS NUMISMATICS, LLC



Principal Place of Business 9362 N.W. 49TH PLACE SUNRISE, FL 33351	Mailing Address 9362 N.W. 49TH PLACE SUNRISE, FL 33351
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05082004 No Chg-LLC CR2E063 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1577981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOCAN, GABRIEL N
 9362 N.W. 49TH PLACE
 SUNRISE, FL 33351

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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: Gabriel N. Bocan DATE: 05/08/04
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

**Filing Fee is \$50.00
 Due by September 8, 2004**

U00000159845
 05/12/04-80001-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RADU, HORIA 9362 N.W. 49TH PLACE SUNRISE, FL 33351
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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 606, Florida Statutes.

SIGNATURE: HORIA C. RADU DATE: 5/7/04 PHONE: (954) 742-7367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #