

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001945

FILED
Jul 05, 2004
Secretary of State

Entity Name: OPTI-CLIP INTERNATIONAL LLC

Current Principal Place of Business:

5200 TOWN CENTER CIRCLE, STE. 525
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5200 TOWN CENTER CIRCLE, STE. 525
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-1091222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ANGELO, RALPH
5200 TOWN CENTER CIRCLE, STE. 525
BOCA RATON, FL 33486

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GELBART, TONY
Address: 5200 TOWN CENTER CIRCLE, STE. 525
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Delete
Name: STRUHL, WARREN
Address: 5200 TOWN CENTER CIRCLE, STE. 525
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Delete
Name: STRUHL, TEDDY
Address: 5200 TOWN CENTER CIRCLE, STE. 525
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TONY B. GELBART

MGR

07/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date