


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 APR 15 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000003619		
1. Entity Name NATURECOR LLC		

Principal Place of Business 440 SAWGRASS CORPORATE PARKWAY STE. 210 SUNRISE, FL 33325	Mailing Address 440 SAWGRASS CORPORATE PARKWAY STE. 210 SUNRISE, FL 33325
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 16-1685194	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOSANG, CHRIS 440 SAWGRASS CORPORATE PARKWAY STE. 210 SUNRISE, FL 33325		7. Name and Address of New Registered Agent Name <u>CorpDirect Agents, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>103N Meridian St.</u> City <u>Tallahassee</u> FL Zip Code <u>32301</u>	
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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 <u>ECB</u> <u>Asst Secretary</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>4/15/04</u> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOSANG, CHRIS 440 SAWGRASS CORPORATE PARKWAY STE. 210 SUNRISE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300034379663 04/28/04--01018--016 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERAN, LUIS 440 SAWGRASS CORPORATE PARKWAY STE. 210 SUNRISE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOURADIAN, TOM 440 SAWGRASS CORPORATE PARKWAY STE. 210 SUNRISE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PODOLAK, BRIAN 440 SAWGRASS CORPORATE PARKWAY STE. 210 SUNRISE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>X</u> <u>ASST SECRETARY</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <u>4/14/04</u> (954) 797-0244 Daytime Phone #