

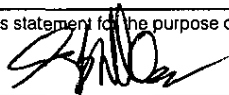
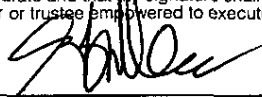


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90075 015 \*\*\*\*50.00

<b>DOCUMENT # M03000003745</b> 1. Entity Name <b>LOCO'S ONLY, LLC</b>					
Principal Place of Business <b>21634 CLUB VILLA TERRACE BOCA RATON, FL 33433</b>			Mailing Address <b>21634 CLUB VILLA TERRACE BOCA RATON, FL 33433</b>		
2. Principal Place of Business <b>307 E. ATLANTIC AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>307 E ATLANTIC AVE</b> Suite, Apt. #, etc.		<b>24060986</b> 	
City & State <b>DELRAY BEACH FL</b>		City & State <b>DELRAY BEACH FL</b>		4. FEI Number <b>03-0524592</b>	
Zip <b>33483</b>		Country <b>PALM BEACH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WNUK, GRAZYNA B 21634 CLUB VILLA TERRACE BOCA RATON, FL 33433</b>				7. Name and Address of New Registered Agent Name <b>GRAZYNA B. WNUK</b> Street Address (P.O. Box Number is Not Acceptable) <b>307 E. ATLANTIC AVENUE</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33483</b>	
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 <b>4/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WNUK, GRAZYNA B 21634 CLUB VILLA TERRACE BOCA RATON, FL 33433 <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
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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. 					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	