


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90196 005 ****50.00

DOCUMENT # M03000003806	
1. Entity Name	
NICHOLAS & DAVID FANO, LIMITED LIABILITY COMPANY	

Principal Place of Business	Mailing Address
6 NATHAN DRIVE TOWACO NJ 07082	6 NATHAN DRIVE TOWACO NJ 07082

2. Principal Place of Business	3. Mailing Address
1750 University Dr #205 Suite, Apt. #, etc. 205 City & State Coral Springs FL	1750 University Dr Suite, Apt. #, etc. 205 City & State Coral Springs FL
Zip 33071 Country USA	Zip 33071 Country USA



MOORE CR2E083 (11/03)

4. FEL Number	Applied For
22-3332266	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINDACO, JOSEPH P 633 S.E. 3RD AVE., #4-R FORT LAUDERDALE FL 33301	Name Nicole Swift Street Address (P.O. Box Number is Not Acceptable) 1750 University Dr #205 City Coral Springs FL Zip Code 33071

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.

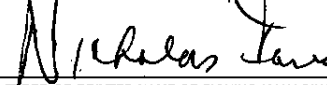
SIGNATURE  DATE 2/2/04

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

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FANO, NICHOLA 6 NATHAN DRIVE TOWACO NJ 07082 <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

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:  **2/2/04** **954 341-6340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #