

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04142004 Chg-LLC CR2E083 (10/03)

DOCUMENT # M03000004043					
1. Entity Name ENGINE SNIPER, LLC					
Principal Place of Business 440 SAWGRASS CORPORATE PARKWAY, SUITE 210 SUNRISE, FL 33325			Mailing Address 440 SAWGRASS CORPORATE PARKWAY, SUITE 210 SUNRISE, FL 33325		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 16-1685192	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOSANG, CHRIS 440 SAWGRASS CORPORATE PARKWAY, SUITE 210 SUNRISE, FL 33325				7. Name and Address of New Registered Agent Name <i>CorpDirect Agents, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>103 North Meridian St</i> City <i>Tallahassee</i> FL Zip Code <i>32301</i>	
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 <i>ELIS HST Secretary</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE <i>4/15/04</i>	
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, SUITE 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 TERAN, LUIS 440 SAWGRASS CORPORATE PARKWAY, SUITE 210 SUNRISE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200033991592 04/27/04--U1UUB--002 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOURADIAN, TOM 440 SAWGRASS CORPORATE PARKWAY, SUITE 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, SUITE 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: <i>X C HST</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <i>4/14/02</i> (954) 797-0244 Daytime Phone #	