2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M99000000075

1. Entity Name
AURAFIN LLC

Principal Place of Business	Mailing Address
6701 NOB HILL ROAD TAMARAC, FL 33321	6701 NOB HILL ROAD TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

01262004 No Chg - LLC   CR2E083 (10/03)

4. FEI Number		Applied For
65-0881025		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET
MIAMI BEACH, FL 33139

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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_____

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

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS / MANAGERS
TITLE	MGRM
NAME	AURAVEST HOLDING, INC
STREET ADDRESS	6701 NOBHILL RD.
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/04/04-80107-020 50.00

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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: _____

Michael H. Gusky   (954)
MGRM   01/28/04   718-3200

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