


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # Z00324</b> 1. Entity Name <b>FRIEDCO, L.C.</b>	
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Principal Place of Business <b>P.O. BOX 551150 FT LAUDERDALE, FL 33355</b>	Mailing Address <b>P.O. BOX 551150 FT LAUDERDALE, FL 33355</b>
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02102004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0232378</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FROST, IRWIN M 1111 BRICKELL AVE SUITE 2050 MIAMI, FL 33131</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

10000001478E4  
05/03/04-80124-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M FRIEDLAND, JACK 186 SPYGLASS LANE JUPITER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M FRIEDLAND, HAROLD 16420 MADDALENA PLACE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M COWAN, MARJORIE F. 1615 DIPLOMAT PKWY. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M FRIEDLAND, LEONARD 4000 TOWERSIDE TERRACE MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/24/04**  
Date

Daytime Phone #