


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000009028 1. Entity Name PADC MARKETING LLC	
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FILED
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MOORE CR2E083 (11/03)

Principal Place of Business 550 BILTMORE WAY STE 970 CORAL GABLES FL 33134		Mailing Address 550 BILTMORE WAY STE 970 CORAL GABLES FL 33134	
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 01-0663732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. 2ND ST., STE. 3500 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
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		Delete
TITLE NAME	MGRM PEEBLES, R.D.	<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP	550 BILTMORE WAY STE 970 CORAL GABLES FL 33134	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP		

10. ADDITIONS/CHANGES		Change	Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP	400035770344 05/07/04--01080--003 **422.50		
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY-ST-ZIP			

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]* Date 4/19/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE