

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001146
 1. Entity Name
 BROOKS HERMELEE GEFFIN, L.L.C.



Principal Place of Business: 25 S.E. SECOND AVE., STE. 1135 MIAMI, FL 33131
 Mailing Address: 25 S.E. SECOND AVE., STE. 1135 MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

02262004 No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 65-0981650 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 GEFFIN, ALAN G
 25 S.E. SECOND AVE., STE. 1135
 MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004
 U00000116678
 04/16/04-80074-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BROOKS, GARY S
STREET ADDRESS	25 S.E. SECOND AVE., STE. 1135
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	HERMELEE, BRUCE G
STREET ADDRESS	25 S.E. SECOND AVE., STE. 1135
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	GEFFIN, ALAN G
STREET ADDRESS	25 S.E. SECOND AVE., STE. 1135
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *[Signature]* 4-14-04 305-373-5444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #