2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000015536

1. Entity Name
FEILER, LEACH & MCCARRON, P.L.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD., PENTHOUSE CORAL GABLES, FL 33134-3009	901 PONCE DE LEON BLVD., PENTHOUSE CORAL GABLES, FL 33134-3009

DO NOT WRITE IN THIS SPACE

04262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1064659
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEILER, MICHAEL B ESQ.
901 PONCE DE LEON BLVD. PENTHOUSE
CORAL GABLES, FL 33134-3009

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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)

Filing Fee is $50.00
Due by May 1, 2004

U00000137492
04/29/04-60042-022 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MICHAEL B. FEILER, P.A.
STREET ADDRESS	901 PONCE DE LEON BLVD. PH
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	MARTIN E. LEACH, P.A.
STREET ADDRESS	901 PONCE DE LEON BLVD. PH
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	MCCARRON, DOUGLAS J PA
STREET ADDRESS	901 PONCE DE LEON BLVD., #PH
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Michael B. Feiler PA 4-26-04 305 4118818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #