


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000003141
 1. Entity Name
 2601 ASSOCIATES, LLC



Principal Place of Business 4825 SOUTH LECLAIRE CHICAGO, IL 60638	Mailing Address 2601 COLLINS AVENUE MIAMI BEACH, FL 33140
---	---

DO NOT WRITE IN THIS SPACE



03122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 36-4425116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R ESQUIRE
 2999 N.E. 191ST STREET
 SUITE 900
 AVENTURA, FL 33180

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 _____ 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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIORANGO, MICHAEL 2601 COLLINS AVENUE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000153933
 05/04/04-80148-004 50.00

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: Michael Disingo 4/21/04 305-534-224

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