


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000006405**  
 1. Entity Name  
 12345 WEST DIXIE LLC



Principal Place of Business      Mailing Address  
 12345 WEST DIXIE HIGHWAY      12345 WEST DIXIE HIGHWAY  
 NORTH MIAMI, FL 33161      NORTH MIAMI, FL 33161

**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-1097956	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  
 ALVARO CASTILLO B., P.A.  
 1390 BRICKELL AVE.  
 SUITE 200  
 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 \_\_\_\_\_ 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	MGR MITCHELL, DEBORAH GRAY 12345 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, PAUL 12345 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161
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4000000008313  
 01/20/04-80058-008 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:**       1/15/04      305-895-2553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #