


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L01000006405</b> 1. Entity Name 12345 WEST DIXIE LLC	
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Principal Place of Business 12345 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161	Mailing Address 12345 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161
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**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1097956	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

ALVARO CASTILLO B., P.A.  
1390 BRICKELL AVE.  
SUITE 200  
MIAMI, FL 33131

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MITCHELL, DEBORAH GRAY
STREET ADDRESS	12345 WEST DIXIE HIGHWAY
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	MGR
NAME	MORRIS, PAUL
STREET ADDRESS	12345 WEST DIXIE HIGHWAY
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000008313  
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 #