


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

09-27-2004 90084 041 \*\*\*\*55.00

<b>DOCUMENT # L01000014913</b> 1. Entity Name <b>LALD LLC</b>					
Principal Place of Business <b>2395 N.W. 49TH LANE BOCA RATON, FL 33431</b>			Mailing Address <b>2395 N.W. 49TH LANE BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>2200 Glades Rd. Suite, Apt. #, etc. # 900</b>		3. Mailing Address <b>2200 Glades Rd. Suite, Apt. #, etc. # 900</b>			
City & State <b>BOCA RATON/FL.</b>		City & State <b>BOCA RATON/FL</b>		4. FEI Number <b>65-1134572</b>	
Zip <b>33431</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MACIA, FEDERICO M ESQ. 2601 SOUTH BAYSHORE DR. SUITE #1600 MIAMI, FL 33133</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM GONZALEZ, LELIS 2200 W. GLADES ROAD, SUITE 900 BOCA RATON, FL 33431</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM GONZALEZ, MARIA 2200 W. GLADES ROAD, SUITE 900 BOCA RATON, FL 33431</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>9/23/04</b> Daytime Phone # _____	