## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000016892

Entity Name: HIEROGLYPH, L.L.C.

FILED Jan 06, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2801 FLORIDA AVE. 5775 SW 72 STREET SOUTH MIAMI, FL 33143 STE 3

MIAMI, FL 33133

**Current Mailing Address: New Mailing Address:** 

2801 FLORIDA AVE. 5775 SW 72 STREET STE 3 SOUTH MIAMI, FL 33143 MIAMI, FL 33133

FEI Number: 65-1141589 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIBUCH, KENNETH H ESQ. 2100 CORAL WAY, STE. 403 MIAMI, FL 33145

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.

Name:

Address:

City-St-Zip:

**ADDITIONS/CHANGES:** 

MGRM

MGRM

LEARY, DALE

5775 SW 72 STREET

SOUTH MIAMI, FL 33143

(X) Change ( ) Addition

SIGNATURE:

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MEMBERS:**

MGRM () Delete

LEARY, DALE Name: Address: 2801 FLORIDA AVE. STE 3

City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete Name: OLIVA, CLAUDIA

Address:

Title: (X) Change ( ) Addition Name: OLIVA, CLAUDIA 2801 FLORIDA AVE. STE3 Address: 5775 SW 72 STREET City-St-Zip: MIAMI, FL 33133 City-St-Zip: SOUTH MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CLAUDIA OLIVA **MGRM** 01/06/2004