
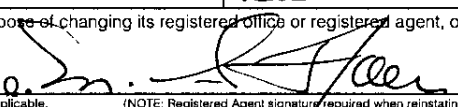
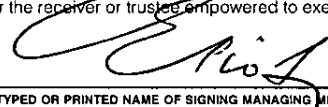


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90037 046 \*\*\*\*50.00

DOCUMENT # L02000001833					
1. Entity Name CANEM, LLC					
Principal Place of Business 848 BRICKELL AVE. SUITE 830 MIAMI, FL 33131		Mailing Address C/O MIGUEL G. FARRA 1001 BRICKELL AVENUE 9TH FLOOR MIAMI, FL 33131			
2. Principal Place of Business 740 HARBOR DRIVE		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KEY BISCAIYNE FLORIDA		City & State		4. FEI Number 01-0591679	
Zip 33149		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FARRA, MIGUEL G 1001 BRICKELL BAY DR, 9TH FL MORRISON BROWN ARGIZ & CO. MIAMI, FL 33131			Name FARRA MIGUEL G. Street Address (P.O. Box Number is Not Acceptable) C/O MORRISON BROWN ARGIZ & FARRA, LLP 1001 BRICKELL BAY DRIVE 9th FLOOR City MIAMI FL 33131		
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 <u>MIGUEL G. FARRA, ESQ.</u> 				DATE 03/31/2004	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADDALOZZO, ELLIO 848 BRICKELL AVE. SUITE 830 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADDALOZZO, ELIO 740 HARBOR DRIVE KEY BISCAIYNE, FLORIDA 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADDALOZZO, CORINA 848 BRICKELL AVE. SUITE 830 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADDALOZZO, CORINA 740 HARBOR DRIVE KEY BISCAIYNE, FLORIDA 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			ELIO MADDALOZZO		Date 4/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

24047805



03292004 Chg-LLC CR2E083 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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