## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## **ANNUAL REPORT (AR)** Feb 25, 2004 8:00 am DOCUMENT # L02000010365 **Secretary of State** 1. Entity Name 01-29-2004 90110 039 \*\*\*\*50.00 234 TOWER LLC 02-25-2004 90282 021 \*\*\*\*\*5.00 Principal Place of Business Mailing Address 25 S.E. 2ND AVE., STE, 750 25.S.E. 2ND AVE., STE. 750 **MIAMI FL 33131** MIAMI FL 33131 24014280 CR2E083 (11/03) Applied For 4. FEI Number 82-0553059 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent KAPUSTIN CORPORATION 750 INGRAHAM BLDG. 25 S.E. 2ND AVE. **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 agept me of registered agent a FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE Delete TITLE ☐ Change Addition NAME NAME KAPUSTID, RAFAEL STREET ADDRESS STREET ADDRESS 25 SE 2ND AVE. #750 CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Attach ment

1/29/2004-90110-039-\$50.00-\$50.00

DOCUMENT # L0200010365 1. Entity Name 234 Tower LLC						
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2. Principal Place of Business 3. Mailing Address 2828 Coral Way 2828 Coral Way		ıv				
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City & State City & State					4. FEI Number Applied For 82–0553059 Not Applied For	
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			Name		7. Name and Address of Current Registered	Agent
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indicated of limited liab	on this report is to se and securate	e and that my signature shall have rustee empowered to execute this	the come lengt a	diact as if t	ection 119.07(3)(i), Florida Statutes. I further cert made under oath; that I am a managing membe oter 608, Florida Statutes.	ify that the information or or manager of the