
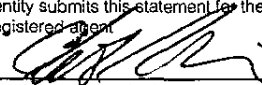
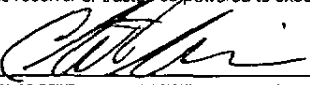


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000018108</b>		
1. Entity Name MIAMI CHAMBER MUSIC, LC		
Principal Place of Business 1408 BRICKELL BAY DR. #103 MIAMI, FL 33131	Mailing Address 1408 BRICKELL BAY DR. #103 MIAMI, FL 33131	
<b>DO NOT WRITE IN THIS SPACE</b>		
		 03022004 No Chg-LLC CR2E083 (10/03)
		4. FEI Number 43-1978129 Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  MENEDIS, CHRISTINE 1408 BRICKELL BAY DR., #103 MIAMI, FL 33131		<b>DO NOT WRITE IN THIS SPACE</b>
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>CHRISTINE MENEDIS</u> <u>4/29/04</u> <small>Signature, typed or printed name of registered agent and both applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2004 U00000153195 05/04/04-80117-011 55.00		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD MENEDIS, CHRISTINE 1408 BRICKELL BAY DR., #103 MIAMI, FL 33131	
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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)(b), 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:  <u>CHRISTINE MENEDIS</u> <u>4/29/04</u> <u>(305) 355-1158</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		