

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90060 008 ****50.00

DOCUMENT # L02000018274
 1. Entity Name
 1350 TENNESSEE, LLC



Principal Place of Business: 1601 BELVEDERE RD., SUITE 407 SOUTH WEST PALM BEACH, FL 33401
 Mailing Address: 1601 BELVEDERE RD., SUITE 407 SOUTH WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE



04192004 No Chg-LLC CR2E083 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 56-2307305 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
 MAPES, PAUL
 1601 BELVEDERE RD., SUITE 407 SOUTH
 WEST PALM BEACH, FL ~~33401~~ 33406

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR METZ, JOHN 1601 BELVEDERE RD., SUITE 407 SOUTH WEST PALM BEACH, FL 33401 33406 |
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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: Andrea Metz Date: 4-21-04 Daytime Phone #: 561-296-1510x109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE