


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000021198**

1. Entity Name  
2121 LAKE AVENUE, LLC



Principal Place of Business C/O ROBERT HERTZBERG, ESQ. 100 S.E. 2ND STREET, SUITE 3550 MIAMI, FL 33131	Mailing Address C/O ROBERT HERTZBERG, ESQ. 100 S.E. 2ND STREET, SUITE 3550 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



07082004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>16-1622953</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

5. Name and Address of Current Registered Agent

HERTZBERG, ROBERT  
100 S.E. 2ND STREET, SUITE 3550  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 8, 2004**


000000166974  
07/19/04-2004-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERTZBERG, ROBERT 1620 NORTHVIEW DRIVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #