

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90432 046 \*\*\*\*50.00

**DOCUMENT # L02000025114**



1. Entity Name  
**FRIEDBAUER & MYER, LLC**

Principal Place of Business  
**% 701 BRICKELL AVENUE, SUITE 2525  
 MIAMI, FL 33131**

Mailing Address  
**% 701 BRICKELL AVENUE, SUITE 2525  
 MIAMI, FL 33131**

**24021055**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**36-4508385**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FRIEDBAUER, ROGER  
 701 BRICKELL AVENUE, SUITE 2525  
 MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **MGRM**  Delete  
 STREET ADDRESS **FRIEDBAUER, ROGER**  
 CITY-ST-ZIP **701 BRICKELL AVE., STE 2505  
 MIAMI, FL 33131**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **MGRM**  Delete  
 STREET ADDRESS **MYER, JOHN A**  
 CITY-ST-ZIP **% 701 BRICKELL AVENUE, SUITE 2525  
 MIAMI, FL 33131**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** Roger Friedbauer, MGRM **3/12/04** **(305) 536-1427**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #