


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY -4 PM 3:15

<b>DOCUMENT # L02000030970</b>	
1. Entity Name 801 ARTHUR GODFREY, LLC	

Principal Place of Business 1200 BRICKELL AVENUE, SUITE 1500 MIAMI, FL 33131	Mailing Address 1200 BRICKELL AVENUE, SUITE 1500 MIAMI, FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3667504	Applied For <input type="checkbox"/> Not Applicable
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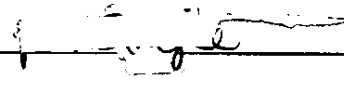
6. Name and Address of Current Registered Agent PINEMAN, TONY 1200 BRICKELL AVENUE, SUITE 1500 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name: Pearce, Pam Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Avenue Suite 1500 City: Miami, FL Zip Code: 33131
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8. 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:  DATE: 4/19/04

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 May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BITTEL, STEPHEN H 1200 BRICKELL AVE SUITE 1500 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Stephen H. Bittel, Mgr. DATE: 4/20/04

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

28/AR5