
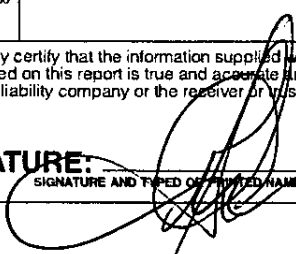


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90559 024 \*\*\*\*55.00

<b>DOCUMENT # L02000032163</b>							
1. Entity Name 922, LLC							
Principal Place of Business 2103 CORAL WAY 302 MIAMI, FL 33145			Mailing Address 2103 CORAL WAY 302 MIAMI, FL 33145				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number <b>38-3670259</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LOPEZ, GUSTAVO 2103 CORAL WAY STE 302 MIAMI, FL 33145			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MR JORGE LLUCH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RINCON, ROBERTO		NAME	3621 SW 37th AVE			
STREET ADDRESS	1990 NW 82 AVE		STREET ADDRESS	MIAMI, FL 33133			
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP				
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MR GUSTAVO LOPEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RINCON, JUAN DIEGO		NAME	2103 SW CORAL WAY, suite 302			
STREET ADDRESS	1990 NW 82 AVE		STREET ADDRESS	MIAMI, FL 33145			
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	JUANITA LOPEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOPEZ, JUANITA		NAME	151 SE 15th ROAD, apt 2001			
STREET ADDRESS	201 BRICKELL KEY BLVD PH6		STREET ADDRESS	MIAMI, FL 33129			
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LLUCH, JAVIER		NAME				
STREET ADDRESS	3621 SW 37th AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: 			03/25/04 305-285-5188				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #				