


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000033721

1. Entity Name
 1640 HOLDING, LLC



Principal Place of Business 1110 BRICKELL AVE. SUITE 504 MIAMI, FL 33131	Mailing Address 1110 BRICKELL AVE. SUITE 504 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3667705	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

THORNE, ROBERT
 1110 BRICKELL AVE., SUITE 504
 MIAMI, FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U00000144414
 04/30/04-80131-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNE, ROBERT F 601 BRICKELL KEY DRIVE, SUITE 802 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNE, BETTY 601 BRICKELL KEY DRIVE, SUITE 802 MIAMI, FL 33131
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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: Robert Thorne 4/22/04 (305) 424-0770

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