

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90202 033 \*\*\*\*50.00

DOCUMENT # L03000002446



1. Entity Name  
**HOLBORN LC**

Principal Place of Business  
**1401 BRICKELL AVENUE STE. 340  
 MIAMI, FL 33131**

Mailing Address  
**1401 BRICKELL AVENUE STE. 340  
 MIAMI, FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number **45-05 01687**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, ROBERT W  
 999 BRICKELL AVENUE STE. 1006  
 MIAMI, FL 33131**

Name **Robert W Stewart P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1395 Brickell Ave # 430**

City **Miami**

**FL**

Zip Code **33131**

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

*Robert W. Stewart, Pres*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/26/04**

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 **WILLIAM N. ROSS**  Delete  
 STREET ADDRESS **1401 Brickell Ave # 340**  
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME **WILLIAM WEINGER**  Delete  
 STREET ADDRESS **1401 Brickell Ave # 340**  
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME **TERESA A. PENICHER**  Delete  
 STREET ADDRESS **1401 Brickell Ave # 340**  
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  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: *William N. Ross*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/26/04** **305 371 2500**  
 Date Daytime Phone #