

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90077 028 \*\*\*\*50.00

**DOCUMENT # L03000006150**

1. Entity Name  
**STEEL WORLD, LLC**



Principal Place of Business  
**701 BRICKELL AVE., STE. 3000  
MIAMI, FL 33131**

Mailing Address  
**701 BRICKELL AVE., STE. 3000  
MIAMI, FL 33131**

**24061073**



2. Principal Place of Business  
**701 Brickell Avenue**  
Suite, Apt. #, etc.  
**Suite 1650**

3. Mailing Address  
**701 Brickell Avenue**  
Suite, Apt. #, etc.  
**Suite 1650**

03032004 Chg-LLC CR2E083 (10/03)

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**20-0984335**

Applied For  
Not Applicable

Zip Country  
**33131 USA**

Zip Country  
**33131 USA**

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

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

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., STE. 3000  
MIAMI, FL 33131**

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

Name  
**Law Center of the Americas, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**701 Brickell Avenue, Suite 1650**

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.

By: **James Meyer**

**4-13-04**

SIGNATURE Signature, typed or printed name of registered agent and fee, 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**

TITLE **MPST** ☐ Delete  
NAME **Hagen, Steven H.**  
STREET ADDRESS **701 Brickell Av., Suite 1650**  
CITY-ST-ZIP **Miami, Florida 33131**

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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TITLE ☐ Delete  
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CITY-ST-ZIP

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:**

*[Signature]*

**Steven H. Hagen, Mgr.**

**4-12-04**

**(305) 577-3443**

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

Date

Daytime Phone #