


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90314 014 \*\*\*\*50.00

**DOCUMENT # L03000010183**

1. Entity Name  
**AEM ANFANG, LLC**



Principal Place of Business  
**C/O PRATS FERNANDEZ & CO.  
 2121 PONCE DE LEON BLVD, SUITE 240  
 CORAL GABLES, FL 33134**

Mailing Address  
**C/O PRATS FERNANDEZ & CO.  
 2121 PONCE DE LEON BLVD, SUITE 240  
 CORAL GABLES, FL 33134**

2. Principal Place of Business  
**780 N.W. 42nd Ave Suite 516**

3. Mailing Address  
**780 N.W. 42nd Avenue Suite 516**

Suite, Apt. #, etc.  
**Suite 516**

Suite, Apt. #, etc.  
**Suite 516**

City & State  
**Miami, FL**


City & State  
**Miami, FL**

Zip  
**33126**

Country  
**U.S.**

Zip  
**33126**

Country  
**U.S.**



02102004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**57-1166664**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SEIDMAN, PREWITT & DIBELLO, P.A.  
 5900 BROKEN SOUND PARKWAY NW  
 SUITE 101  
 BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

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

**Make check payable to Florida Department of State**

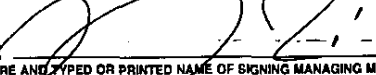
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR NARDI, EZIO 780 N.W. 42nd Ave, Suite 516 Miami, FL 33126</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  \_\_\_\_\_

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

Date **02/27/04** Daytime Phone # **305-391-5400**