

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014418

FILED
Apr 29, 2004
Secretary of State

Entity Name: 4-18, L.C.

Current Principal Place of Business:

2199 PONCE DE LEON BOULEVARD, SUITE 301
CORAL GABLES, FL 33134

New Principal Place of Business:

2199 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134 US

Current Mailing Address:

2199 PONCE DE LEON BOULEVARD, SUITE 301
CORAL GABLES, FL 33134

New Mailing Address:

2199 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART AGENT SERVICES
2199 PONCE DE LEON BOULEVARD, SUITE 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SHINER, MARC D
Address: 2901 CLINTMORE ROAD, #153
City-St-Zip: BOCA RATON, FL 33496 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARC D. SHINER

MGR

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date