


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90183 037 ****50.00

DOCUMENT # L03000037249


1. Entity Name
NIAGMA, L.L.C.



Principal Place of Business
**101 CRANDON BLVD., #267
 KEY BISCAIYNE, FL 33149**

Mailing Address
**101 CRANDON BLVD., #267
 KEY BISCAIYNE, FL 33149**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03242004 Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2423113

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional
 Fac Required

6. Name and Address of Current Registered Agent

**LISETTE PIE SALAZAR, ESQ.
 240 CRANDON BLVD., SUITE 266
 KEY BISCAIYNE, FL 33149**

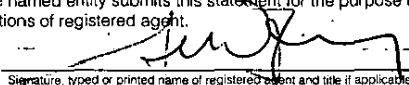
7. Name and Address of New Registered Agent

Name **ZAIA ALEJANDRO**

Street Address (P.O. Box Number is Not Acceptable)
101 CRANDON BLVD. # 267

City **KEY BISCAIYNE FL** Zip Code **33149**

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  DATE _____

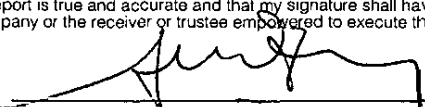
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	MGR ZAIA, ALEJANDRO 101 CRANDON BLVD., #267 KEY BISCAIYNE, FL 33149	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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:  DATE _____ DAYTIME PHONE # _____

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