


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-02-2004 90254 019 ****50.00

DOCUMENT # L03000038478

1. Entity Name
 418, LLC



Principal Place of Business
 161 MADEIRA AVE., STE. 65
 CORAL GABLES, FL 33134

Mailing Address
 161 MADEIRA AVE., STE. 65
 CORAL GABLES, FL 33134

34006560



2. Principal Place of Business
 1385 CORAL WAY
 Suite, Apt. #, etc.
 SUITE 403
 City & State
 MIAMI FL

3. Mailing Address
 1385 CORAL WAY
 Suite, Apt. #, etc.
 SUITE 403
 City & State
 MIAMI FL

Country
 USA

03302004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 20-0305214

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LONDONO, RICHARD
 1385 CORAL WAY, PH 401
 CORAL GABLES, FL 33146

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: *Richard Londono* DATE: 04-12-04

Filing Fee is \$80.00 Due by May 1, 2004

Make check payable to Florida Department of State

B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jackeline Londono, P.A. 1385 Coral Way, PH 403 MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: *Richard Londono* DATE: 03-12-04-305-285-7373