2004 LIMITED LIABILITY COMPANY

FILED Apr 19, 2004 8:00 am

ANNUAL REPURI				Secretary of State	
DOCU 1. Entity Nam V.J. IMPO		535		04-19-2004 90030 018 ****50.00	
	e of Business RUN ROAD LEVARD N, PA 18901	Mailing Address 301 WINDY RUN ROAD LI DOYLESTOWN, PA 1890		24046483	
2. Principal Place of Business 10741 NW 58 J. 10741 NW Suite, Apt. #, etc. Suite, Apt. #, etc.			58St	, 04132004 Chg-LLC CR2F083 (10/03)	
DORAL Shopping CENTER DORAL Shopp Gity & State Miami - Fl. Miami - Zip Country Zip			oing Cen Fl. Country	4. FEI Number Applied For Not Applied For Not Applied For Not Applicable	
33/78 U.S.A. 33/78 6. Name and Address of Current Registered Agent			V.S.A.	S. Certificate of Status Desired	
21017 N.E	ROTHMAN, P.L. . 34 PLACE IA, FL 33180		Name Maria J. Andrade de Ben Ayoun Street Address (P.O. Box Number is Not Acceptable) 10741 NW 58 JT. Doral Shopping Center City M. 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 Signate, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
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	MGRM ANDRADE DE BEN AYOUN, MAF 301 WINDY RUN ROAD DOYLESTOWN, PA 18901	Delete	NAME STREET ADDRESS	MGRM. IndRade de Ben Ayoun, Ma Ria J. 10741 NW 58 St Doral Shopping Miami Fl. 33178 Center	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEN AYOUN, VICTOR 301 WINDY RUN ROAD DOYLESTOWN, PA 18901	Delete	NAME STREET ADDRESS	MGRM Ben Ayoun, Victor Change Addition 0741 NW 58St Doral Shopping Miami Fl. 33178 Center	
TITLE NAME STREET ADDRESS		☐ Delete	TITLENAME STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ 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 cath; that I am a managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: SIGNATURE AND AYPED OR PRINTED TAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

Change

■ Addition