


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90068 015 ****50.00

DOCUMENT # L03000048862

1. Entity Name
6039, LLC



Principal Place of Business
**12550 BISCAYNE BLVD, STE 405
 NORTH MIAMI, FL 33181**

Mailing Address
**12550 BISCAYNE BLVD, STE 405
 NORTH MIAMI, FL 33181**

2. Principal Place of Business
1911 HARRISON street

3. Mailing Address
1911 HARRISON street


Suite, Apt. #, etc.

City & State
Hollywood, Florida

City & State
Hollywood, Florida

Zip
33020

Country
U.S.A



04272004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**JACOBS, ERIC A ESQ
 GRISALES & JACOBS, LLP
 12550 BISCAYNE BLVD, STE 405
 NORTH MIAMI, FL 33181**

7. Name and Address of New Registered Agent

Name **JACOBS, ERIC A, ESQ**

Street Address (P.O. Box Number is Not Acceptable)
1911 HARRISON street

City **Hollywood** FL Zip Code **33020**

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 **04-27-04**

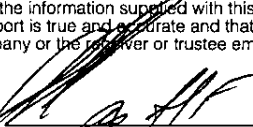
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM MARTINEZ, SERGIO 12550 BISCAYNE BLVD, STE 405 NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, SERGIO 1911 HARRISON street Hollywood, FL 33020 <input checked="" 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
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
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 **04-27-04** DAYTIME PHONE # **954-9290679**

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