

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90029 010 ****50.00

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DOCUMENT # L03000057435			
1. Entity Name 23945 SOUTH FEDERAL HIGHWAY, LIMITED LIABILITY COMPANY			
Principal Place of Business 5025 SOUTHWEST 140TH COURT MIAMI, FL 33175		Mailing Address 5025 SOUTHWEST 140TH COURT MIAMI, FL 33175	
2. Principal Place of Business 2000 S DIXIE HWAY Suite, Apt. #, etc. STE 100		3. Mailing Address 2000 S DIXIE HWAY Suite, Apt. #, etc. STE 100	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33133		Country	
Zip 33133		Country	
4. FEI Number 65-1212744		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, JANNET 5025 SOUTHWEST 140TH COURT MIAMI, FL 33175		7. Name and Address of New Registered Agent Name ABBASSI, RAY Street Address (P.O. Box Number/s Not Acceptable) 2000 S. DIXIE HWAY, STE 100 City MIAMI FL Zip Code 33133	
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 <u>RAY ABBASSI MGR</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4.6.04</u>			
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 DIAZ, JANNET 5025 SOUTHWEST 140TH COURT MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ABBASSI, RAY 2000 S. DIXIE HWAY STE 100 MIAMI, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ABBASSI, MICHAEL 2000 S. DIXIE HWAY STE 100 MIAMI, FL 33133 <input type="checkbox"/> Change <input checked="" 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE <u>4.6.04</u> DAYTIME PHONE # <u>305.876.5858</u>	