


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000903
 1. Entity Name
 VON MORGEN, L.C.



Principal Place of Business BAUR & KLEIN, P.A. 100 NORTH BISCAYNE BLVD., SUITE 2100 MIAMI, FL 33132	Mailing Address BAUR & KLEIN, P.A. 100 NORTH BISCAYNE BLVD., SUITE 2100 MIAMI, FL 33132
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0847152	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

BAUR, THOMAS ESQ
 100 N. BISCAYNE BLVD. #2100
 MIAMI, FL 33132

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004


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 05/03/04-80025-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELFERING, GERT 1839 W 24TH STREET MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGNER, FRITZ 2000 WILLIAMS ISLAND BLVD. #2807 AVENTURA, FL 33160
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 4/20/04 Daytime Phone # _____

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