


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000001599
1. Entity Name
1801 BUILDING, LLC



| | |
|--|--|
| Principal Place of Business 1801 N.W. 82ND AVENUE MIAMI, FL 33126-1013 | Mailing Address 1801 N.W. 82ND AVENUE MIAMI, FL 33126-1013 |
|--|--|

DO NOT WRITE IN THIS SPACE



01292004 No Chg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 65-0862471 | 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

AGUIRRE, JOSE
1801 N.W. 82ND AVENUE
MIAMI, FL 33126-1013

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and file if applicable.


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

U00000116279
04/16/04-80058-009 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AGUIRRE, JOSE 1801 N.W. 82ND AVENUE MIAMI, FL 331261013 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROBERTS, LEONARD C 1801 N.W. 82ND AVENUE MIAMI, FL 331261013 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROBERTS, BRUCE D 1801 N.W. 82ND AVENUE MIAMI, FL 331261013 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GLUKSTAD, PHYLLIS 1801 N.W. 82ND AVENUE MIAMI, FL 331261013 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:  Jose I. Aguirre 4/12/04 305-863-2566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #