

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000001360 1. Entity Name 3050 HOLDINGS, L.L.C.

Principal Place of Business C/O E.F. HUTTON CORP., 2000 S. DIXIE HWY SUITE 100 MIAMI, FL 33133	Mailing Address C/O E.F. HUTTON CORP., 2000 S. DIXIE HWY SUITE 100 MIAMI, FL 33133
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03192004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0391588	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

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS FIELDSTONE, RONALD 201 ALHAMBRA CIRCLE, STE #601 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOUGHAN, LEO 450 N PARK ROAD, STE #403 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V AGHA, ABDUL 6701 SUNSET DRIVE, STE E203-B MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GOLKAR, REZA 7010 MIRA FLORES CORAL GABLES, FL 33143
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)(f), 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:  **4/23/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #