## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L00000010543

1. Entity Name 415, L.L.C.

SIGNATURE

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Principal Place of Business 3905 ALTON ROAD MIAMI BEACH, FL 33140 Mailing Address 3905 ALTON ROAD MIAMI BEACH, FL 33140

## **FILED** Mar 03, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02102004 No Chg-LLC CR2E083 (10/03)

4. FEI Number	•		Applied For
65-1064076			Not Applicabl
5 Continue of State - Brained	_ <b>\$</b> 5	.00	Additional

Fee Required

ROSSZ FIU CORPORATION 201 SO, BISCAYNE BLVD., SUITE 850	DO NOT WRITE
MIAMI, FL 33131	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, typed or printed name of registered agent and title if applicable

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

(NOTE Registered Agent signature required when reinstating)

U00000074710 03/03/04-80031-008 50.00

DATE

## MANAGING MEMBERS/MANAGERS 9. MGR TITLE JACOBSON, ALAN W NAME 3905 ALTON ROAD STREET ADDRESS MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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nation 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 e 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 precious or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the Information indicated on this report is trulimited liability company or the state of the st

SIGNATURE

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE