


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-12-2004 90023 044 ****50.00

DOCUMENT # L00000013629	
1. Entity Name 1360 SHARAZAD HOLDINGS, LLC.	

Principal Place of Business 308 CONTINENTAL PLAZA 3250 MARY ST COCONUT GROVE, FL 33133	Mailing Address 308 CONTINENTAL PLAZA 3250 MARY ST COCONUT GROVE, FL 33133
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2. Principal Place of Business SDI CONTINENTAL PLAZA	3. Mailing Address SDI CONTINENTAL PLAZA
Suite, Apt. #, etc. 3250 MARY STREET	Suite, Apt. #, etc. 3250 MARY STREET
City & State COCONUT GROVE, FL	City & State COCONUT GROVE, FL
Zip 33133	Country USA

04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1052810	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CRONIG, STEVEN C 307 CONTINENTAL PLAZA 3250 MARY ST COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERMAN, DANA 3250 MARY ST #308 COCONUT GROVE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, DAREN 3250 MARY ST #308 COCONUT GROVE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:

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

04/09/04 (305) 341-0600

Date

Daytime Phone #