2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L03000032861



FILED Apr 14, 2004 8:00 am Secretary of State

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Suite, Apt. #, etc. Suite, Apt. #, etc. O4112004 Chg-LLC CR2E083 (10/03) City & State	14243 NW 8	33RD PLACE	14243 NW 83RD PLACE						1 PRISE NIVER SE	IF IS IE 21 *
City & State Country Country Country 6. Certificate of Status Desired 6. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent FLOREZ, FERMIN 14243 NW 83RD PLACE MIAMI LAKES, FL 33016 Street Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Address (P.O. Box Number is Not Acceptable) FL Zip Code 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 Florica. I am farmiliar with, and in the obligations of registered agent. Signature lyads or pread name of registered agent. Signature lyads or pread name of registered agent. While Signature lyads or pread name of registered agent exists if appreads. While Registered Agent exists (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code Alternative with, and in the State of Florica. I am farmiliar with, and in the obligations of registered agent. Signature lyads or pread name of registered agent. While Signature lyads or pread name of registered agent. While Signature lyads or pread name of registered agent. While Signature lyads or pread name of registered agent. While Signature lyads or pread name of registered agent. While Signature lyads or pread name of registered agent. While Signature lyads or pread name of registered agent. While Signature lyads or pread name of registered agent. While Signature lyads or pread name of registered agent. While Signature lyads or pread name of registered agent. While Signature lyads or pread name of registered agent. Signature lyads or registered agent. Signature	2. Principal P	Place of Business	3. Mailing Address							
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and table (applicable	14243 NW	/83RD PLACE				(P.O. Box Numb	per is Not Acceptable	e)		
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11. I hereby certify that the information supplied with this filling does not good by for the exemption stated in Section 119.07(3)(i), Florida Statutes."I further certify that the information 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 limited liability company or the receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE AND THOSE OF EXEMPTEN NAME OF SURGING MANAGING MEMBER, MANAGISR, OR AUTHORIZED REPRESENTATIVE Date Design Phone #										