


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-27-2004 90019 038 ****50.00

DOCUMENT # L01000007670	
1. Entity Name 1360 DEERFIELD, L.L.C.	

Principal Place of Business 1428 BRICKELL AVENUE, PENTHOUSE MIAMI FL 33131	Mailing Address 1428 BRICKELL AVENUE, PENTHOUSE MIAMI FL 33131
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34003307



MOORE CR2E083 (11/03)

2. Principal Place of Business 4901 NW 17 Way Suite/Apt. #, etc. 103	3. Mailing Address 4901 NW 17 Way Suite/Apt. #, etc. 103
City & State Ft. Lauderdale FL Zip 33309 Country USA	City & State Ft. Lauderdale FL Zip 33309 Country USA

4. FEI Number 65-1147066	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MANASTER, JOSHUA D ESQUIRE 1428 BRICKELL AVENUE, EIGHTH FLOOR MIAMI FL 33131	7. Name and Address of New Registered Agent Name David Kahn ALAN LEVY Street Address (P.O. Box Number is Not Acceptable) 4901 NW 17 Way Ste 103 City Ft. Lauderdale FL Zip Code 33309
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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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, ALAN 4901 NW 17TH WAY #103 FORT LAUDERDALE FL 33309 <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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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

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: Alan M. Levy **4/20/04** **954-491-5505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**