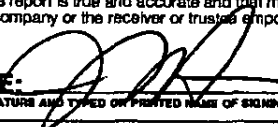


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2004 90016 021 ****50.00

DOCUMENT # M03000002744					
1. Entity Name FERRI & PARTNERS LLC					
Principal Place of Business 1111 BRICKELL AVENUE, 11TH FLOOR MIAMI, FL 33131			Mailing Address 1111 BRICKELL AVENUE, 11TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Filing Number 56-2384678 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04192004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERRI, JAMES N 1111 BRICKELL AVENUE, 11TH FLOOR MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City 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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) 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	MGR FERRI, JAMES N 1111 BRICKELL AVENUE, 11TH FLOOR MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEDDY, GREGORY L 1111 BRICKELL AVENUE, 11TH FLOOR MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		James N. Ferri 4/19/2004 305-913-7191			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			