

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023884

FILED  
Jun 30, 2004  
Secretary of State

Entity Name: NEXT AMERICAN DEVELOPMENT, L.L.C.

## Current Principal Place of Business:

18255 SOUTHWEST 68TH COURT  
SOUTHWEST RANCHES, FL 33331 US

## New Principal Place of Business:

4474 WESTON ROAD  
PMB 107  
DAVIE, FL 33331 US

## Current Mailing Address:

18255 SOUTHWEST 68TH COURT  
SOUTHWEST RANCHES, FL 33331 US

## New Mailing Address:

4474 WESTON ROAD  
PMB 107  
DAVIE, FL 33331 US

FEI Number: 65-1199695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, ALEXANDER  
18255 SOUTHWEST 68TH COURT  
SOUTHWEST RANCHES, FL 33331 US

## Name and Address of New Registered Agent:

RODRIGUEZ, ALEXANDER  
4474 WESTON ROAD  
PMB 107  
DAVIE, FL 33331 US

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.

SIGNATURE:

06/30/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: RODRIGUEZ, ALEXANDER  
Address: 18255 SOUTHWEST 68TH COURT  
City-St-Zip: SOUTHWEST RANCHES, FL 33331 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: RODRIGUEZ, ALEXANDER  
Address: 4474 WESTON ROAD PMB 107  
City-St-Zip: DAVIE, FL 33331 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALEXANDER RODRIGUEZ

MGR

06/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date