2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000019260

1. Entity Name
1951 - 1997 SOUTH MILITARY TRAIL, L.L.C.

Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD. SUITE 505 AVENTURA, FL 33180	4044 MERIDIAN AVE., #3A MIAMI BEACH, FL

DO NOT WRITE IN THIS SPACE

07012004No Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0694367
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PERLOW, JEFFREY M ESQ.
20801 BISCAYNE BLVD.
SUITE 505
AVENTURA, FL 33180

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

000000165883
07/12/04-80031-020 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LEVY, PROSPER
STREET ADDRESS	3 KIKAR ITSHAK RABIN 64163
CITY-ST-ZIP	TEL AVIV, ISRAEL,
TITLE	MGR
NAME	BOAZIZ, MORDECHAI
STREET ADDRESS	4044 NORTH MERIDIAN AVENUE, SUITE 3A
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7/1/04 305-4900600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #