

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90116 012 \*\*\*\*50.00

DOCUMENT # L00000000196  
 1. Entity Name  
 GEORGE T. RAMANI & ASSOCIATES, P.L.C.



Principal Place of Business Mailing Address  
 80 S.W. 8 STREET P.O. BOX 11-3237  
 #3100 MIAMI FL 33111-3237  
 MIAMI FL 33130 US  
 US

24010290



MOORE CR2E083 (11/03)

2. Principal Place of Business 3. Mailing Address  
 1201 BRICKELL AVE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 300

City & State City & State  
 MIAMI FL

4. FEI Number 65-0970784 Applied For Not Applicable

Zip Country Zip Country  
 33131 USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RAMANI, GEORGE T  
 80 S.W. 8 STREET  
 SUITE 3100  
 MIAMI FL 33130

7. Name and Address of New Registered Agent  
 Name GEORGE T. RAMANI  
 Street Address (P.O. Box Number is Not Acceptable) 1201 BRICKELL AVE #300  
 City MIAMI FL Zip Code 33131

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 *[Signature]* DATE 2/6/04  
(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM <input type="checkbox"/> Delete
NAME	RAMANI, GEORGE T
STREET ADDRESS	80 S.W. 8 STREET, SUITE 3100
CITY-ST-ZIP	MIAMI FL 33130
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1201 BRICKELL AVE #300
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* GEORGE T. RAMANI DATE 2/6/04 DAYTIME PHONE # 305-381-8811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE