


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 NOV 19 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L00000000331</b> 1. Entity Name SCULPTORS OF SPACE, L.L.C.					
Principal Place of Business 5618 LA GORCE DRIVE MIAMI BEACH, FL 33140			Mailing Address 5618 LA GORCE DRIVE MIAMI BEACH, FL 33140		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0593282</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALLORAN, LISA 5618 LA GORCE DRIVE MIAMI BEACH, FL 33140			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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: <u>Lisa Halloran</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to: Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HALLORAN, LISA 5618 LA GORCE DRIVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700042018707 10/20/04--01051--002 **\$5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700042018707 11/19/04--01048--008 **\$100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700042018707 11/19/04--01048--008 **\$100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700042018707 11/19/04--01048--008 **\$100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700042018707 11/19/04--01048--008 **\$100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700042018707 11/19/04--01048--008 **\$100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>REINSTATEMENT</b>					
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: <u>Lisa Halloran</u> 9/28/04 305 867 4442					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					