
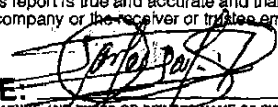


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-12-2004 90133 036 \*\*\*\*50.00

<b>DOCUMENT # L00000001173</b> 1. Entity Name <b>FRC 2000, L.L.C.</b>			
Principal Place of Business <b>536 BILTMORE WAY CORAL GABLES, FL 33134</b>		Mailing Address <b>536 BILTMORE WAY CORAL GABLES, FL 33134</b>	
2. Principal Place of Business <b>14298 NW 18 Manor</b> Suite, Apt. #, etc.		3. Mailing Address <b>1149 SW 27TH Ave.</b> Suite, Apt. #, etc. <b>Suite 203</b>	
City & State <b>Pembroke Pines FL</b>		City & State <b>MIAMI FLORIDA</b>	
Zip <b>33028</b>	Country <b>U.S.A.</b>	Zip <b>33135</b>	Country <b>U.S.A.</b>
4. FEI Number <b>65-0977852</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CUEVAS, ANDREW ESQ. 536 BILTMORE WAY CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>CUEVAS ANDREW ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1149 SW 27 Ave - Suite 203</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33134</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVO, FERNANDO 536 BILTMORE WAY CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ, CARLOS 536 BILTMORE WAY CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			
<b>SIGNATURE:</b> 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>

14025001



06022004 Chg-LLC CR2E083 (10/03)