


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

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| DOCUMENT # L00000002009 1. Entity Name 1795 NW 79TH STREET, LLC |  |
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| Principal Place of Business 1795 NW 79TH ST MIAMI, FL 33147 | Mailing Address 4801 SOUTH UNIVERSITY DR SUITE 227 DAVIE, FL 33328 US |
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01162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0990201 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BROWN, MARK 4801 SOUTH UNIVERISTY DR SUITE 227 DAVIE, FL 33328 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CEOD BROWN, MARK 2752 SW 132ND WAY DAVIE, FL 33330 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MCKENNA, KEVIN 1061 E WILSHIRE CIRCLE PEMBROKE PINES, FL 33027 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| <p>U000000149201 05/03/04-80178-013 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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:  **Mark Brown** (954) 252-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #