## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Name	MENT # L000000 000, L.L.C.	02597		Sec	cretary of State
Principal Place of Business  2200 S. OCEAN LANE, STE #1106  FORT LAUDERDALE, FL 33316  Mailing Address  2200 S. OCEAN LANE, STE #1  FORT LAUDERDALE, FL 33316  FORT LAUDERDALE, FL 3331					
			<u> </u>		
DO NOT WRITE IN THIS SPA			CE	4. 12110111001	
	***************************************			65-0990849  5. Certificate of Status Desired	Not Applicable  \$5.00 Additional Fee Required
	6. Name and Address of Curr	rent Registered Agent			
LARRY J. BEHAR, P.A. 888 S.E. THIRD AVENUE STE #400 FORT LAUDERDALE, FL 33316			DO NOT WRITE IN THIS SPACE		
SIGNATURE_	Signature, hyped or printed name of registered ling Fee is \$50.00 ue by May 1, 2004	agent and title if applicable. (NOTE, Register	ed Agent signature require	d when reinstating)	DATE
9,		MBERS/MANAGERS	<u> </u>		to the second se
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTOS, ADELA 2200 S OCEAN LANE STE 1 FT. LAUDERDALE, FL 3331	106			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE OBLITURES, TE 0001			100000 02/05/04-	033468 80040-020 <b>50.</b> 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE
TITLE NAME					

11. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1.30.2004 (954)763.832

Daytime Phone #