

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-12-2004 90231 031 \*\*\*\*50.00

DOCUMENT # L00000006007

1. Entity Name

PATRICIA LUE 2000 FAMILY COMPANY, LLC



Principal Place of Business

6661 SW 70 LANE  
MIAMI FL 33143  
US

Mailing Address

6661 SW 70 LANE  
MIAMI FL 33143  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1035977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUE, PATRICIA M MBR  
6661 SW 70 LANE  
MIAMI FL 33143

Name **LUE, Patricia M MBR**

Street Address (P.O. Box Number is Not Acceptable)

**6535 SW 55 LANE**

City **MIAMI**

**FL**

Zip Code **33155**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME LUE, JENNIFER S MGR  
STREET ADDRESS 6661 SW 70 LANE  
CITY-ST-ZIP MIAMI FL 33143

TITLE MGR ☒ Change ☐ Addition  
NAME **Anderson, Jennifer MGR**  
STREET ADDRESS **6535 SW 55 LANE**  
CITY-ST-ZIP **33155**

TITLE MGRM ☒ Delete  
NAME LUE, PATRICIA M MGRM  
STREET ADDRESS 6661 SW 70 LANE  
CITY-ST-ZIP MIAMI FL 33143

TITLE MGRM ☒ Change ☐ Addition  
NAME **LUE, Patricia M MGRM**  
STREET ADDRESS **6535 SW 55 LANE**  
CITY-ST-ZIP **33155**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Patricia M Lue*

*March 8/04 305-661-5831*