2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000007230

1. Entity Name
2241 NORTH, LLC

Principal Place of Business	Mailing Address
PO BOX 840638 HOLLYWOOD, FL 33084	PO BOX 840638 HOLLYWOOD, FL 33084

DO NOT WRITE IN THIS SPACE

03052004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
65-1017631		Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMETS, MICHAEL
3506 TORREMOLINOS AVENUE
MIAMI, FL 33178

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SMETS, MICHAEL A
STREET ADDRESS	3506 TORREMOLINOS AVENUE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	V
NAME	GONZALEZ, MANUEL
STREET ADDRESS	6101 SW 183 WAY
CITY-ST-ZIP	FT. LAUDERDALE, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/04-80100-004 50.00

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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: _____   3-10-04   954-913-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #