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ANNUAL REPORT				Feb 28, 2004 08:00 A	
DOCUMENT # L0000008211 1. Entity Name 501, LL.C.				Secretary of State	
Principal Place of Business 3905 ALTON ROAD MIAMI BEACH, FL 33140 Mailing Address 3905 ALTON ROAD MIAMI BEACH, FL 33140			I REBRENI NCI BOUR ETIN DURK DORI EDUK DERN DERN DERN DURK KADA JUNU KODE IN IN INDI		
DO NOT WRITE IN THIS SPA			CE	02102004No Chg-LLC	
6. Name and Address of Current Registered Agent ROSSZ FIU CORPORATION 201 SOUTH BISCAYNE BOULEVARD, STE. 850 MIAMI, FL 33131				DO NOT WRITE IN THIS SPACE	
8. The above the obligat	e named entity submits this statement tions of registered agent.	nt for the purpose of changing its registe	red office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered	agent and title if applicable. (NOYE, Registe	red Agent signature required	(when reinstaling) DATE	
F	iling Fee is \$50.00 ue by May 1, 2004		<u></u>		
9.	MANAGING ME	MBERS/MANAGERS		7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBSON, ALAN W 3905 ALTON ROAD MIAMI BEACH, FL 33140		U00000071438 03/01/04 <u>-</u> 800?1-005 50 .00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				• • • • • • • • • • • • • • • • • • •	
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NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS			1		

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 oath; that I am a managing member or manager of the limited liability company or the receiver of true empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

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