


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000008796 1. Entity Name 4300 NW 128 ST. ASSOCIATES, L.L.C.	
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Principal Place of Business 4300 N.W. 128TH ST. OPA LOCKA, FL 33054	Mailing Address 4300 N.W. 128TH ST. OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



03122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1038174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LERMAN, CARLOS D 2611 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SILBERFARB, PAUL 12790 NW 42ND AVE. OPA LOCKA, FL 33054
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03/15/04-80100-010 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:  PAUL SILBERFARB 3/12/04 305-687-0700	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		