



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90061 025 \*\*\*\*50.00

<b>DOCUMENT # L00000009162</b> 1. Entity Name <b>MIAMI GOLF MACHINE LLC</b>					
Principal Place of Business <b>150 SE 25 RD</b> <b>12J</b> <b>MIAMI, FL 33129</b>			Mailing Address <b>150 SE 25 RD</b> <b>12J</b> <b>MIAMI, FL 33129</b>		
2. Principal Place of Business <b>150 S.E. 25 RD</b> Suite, Apt. #, etc. <b>12A</b>		3. Mailing Address <b>150 S.E. 25 RD</b> Suite, Apt. #, etc. <b>12A</b>			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>65-1043060</b>	
Zip <b>33129</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BERNAL, RODRIGO</b> <b>150 SE 25 RD</b> <b>APT 12J</b> <b>MIAMI, FL 33129</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>150 SE 25 RD APT 12A</b> City <b>MIAMI</b> FL <b>33129</b>	
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 <i>[Signature]</i> <span style="float: right;">DATE <b>08-24-04</b></span>					
Filing Fee is \$50.00 Due by September 8, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERNAL, RODRIGO 150 SE 25TH RD #11H MIAMI, FL 33129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>150 S.E. 25 RD 12A</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RODRIGUEZ, MERCEDES 150 SE 25TH RD #11H MIAMI, FL 33129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>150 S.E. 25 RD 12A</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Rodrigo Bernal</i>				Date <b>08-24-04</b> Daytime Phone # <b>2859180</b>	