2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000009686

Entity Name
 13145-47, L.C.

Principal Place of Business

SIGNATURE:



Mailing Address

1065 N.E. 125TH STREET, SUITE 405 C/O ROBERTA SEGAL MIAMI, FL 33161 1065 N.E. 125TH STREET, SUITE 405 C/O ROBERTA SEGAL MIAMI, FL 33161

FILED Jan 20, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHOR

01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 31-1748571 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

SEGAL, ROBERTA 1065 N.E. 125TH STREET, SUITE 405 MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registere	d office or register	ed agent, or i	ooth, in the State o	of Florida. I am familia	r with, and accep
SIGNATURE.		-			,		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE, Registered Agent signature required when teinstalking)				DATE	
Filing Fee is \$50.00 Due by May 1, 2004							
9.	MANAGING MEMBERS/MANAGERS				<i>≒ - ,</i> 5	<u> </u>	
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11. I hereby of indicated limited liab	ertify that the information supplied with this filing does not or on this report is true and accurate and that my signature sha pility company or the receiver or trustee empowered to exec	ualify for the exem all have the same I ute this report as r	otion stated in Sec egal priect as if ma equiled by Chapte	ction 119.07(3 lade under oa er 608, Florida	i)(i), Florida Statut th, that I am a ma a Statutes.	es. I further certify that inaging member or m	t the information anager of the