2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011216

SUNNY ISLES LUXURY VENTURES, L.C.



FILED Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90030 002 ****50.00

Principal Place		,	•	Mailing Address 18101 COLLINS AVE				M 7 17 11				
SUNNY ISLES		33160		SUNNY ISLES BEACH, FL 33160				~**************************************				
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2. Principal P			3. Mailing	Address								
		<u>Avenue</u>		18001 Collins Avenue				55// 55// 53// 53// 55// 55/	41	1210 (100) (1010 A)	1441 411 1221	
Suite, Apt.			Suite, A	Suite, Apt. #, etc.				Chg-LLC	CR2E	083 (10/03)		
31st 1 City & State				3 St Floor City & State						ΙΙΔτ	plied For	
Sinny		Beach, FL	Sunr	Sunny Isles Beach, F			58-2572364 Not Applicable				t Applicable	
Zip Country 33140 U.S.A.			Zip 3314	Zip							\$5.00 Additional Fee Required	
		and Address of Curre	nt Registered A	egistered Agent			7. Name and Address of New Registered Agent					
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FIELDSTONE, RONALD R 201 ALHAMBRA CIR SUITE 601					Street A	Street Address (P.O. Box Number is Not Acceptable)						
CORAL GA		. 33134										
					City	City			FL Zip Code			
		submits this statement	for the purpose	of changing its re	egistered office of	r register	ed agent, or bot	h, in the State of Flo	orida. I am	familiar with,	and accept	
	ions of regist	ered agent.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					· ! ,		:	
SIGNATURE .	Signature, Noed	or printed name of registered agr	ent and title if applicabl	le. (NOTE:	Registered Agent signa	ture required	i when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·		
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		A CONTRACTOR OF THE CASE	***		CITY-ST-ZIP	1 .	* * A1 O A					

11. I hereby certify that the information supplied with this flying 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 employered to execute this report as required by Chapter 608, Florida Statutes.

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

Daytime Phone #