

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012038

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: FLORIDA CITY ASSOCIATES, L.L.C.

## Current Principal Place of Business:

1625 N. COMMERCE PKWY., SUITE 225  
WESTON, FL 33326

## New Principal Place of Business:

7100 BISCAYNE BOULEVARD  
SUITE 209  
MIAMI, FL 33138 US

## Current Mailing Address:

1625 N. COMMERCE PKWY., SUITE 225  
WESTON, FL 33326

## New Mailing Address:

7100 BISCAYNE BOULEVARD  
SUITE 209  
MIAMI, FL 33138 US

FEI Number: 65-1048915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAPIRO, MEREDITH  
1625 N COMMERCE PARKWAY, STE 225  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

COHEN, IRA D  
7100 BISCAYNE BOULEVARD  
SUITE 209  
MIAMI, FL 33138 US

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.

SIGNATURE: IRA D. COHEN

04/23/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: SHAPIRO, MEREDITH  
Address: 1625 N COMMERCE PKWY, STE 225  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: COHEN, IRA D  
Address: 7100 BISCAYNE BOULEVARD, SUITE 209  
City-St-Zip: MIAMI, FL 33138 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: IRA D. COHEN

MGRM

04/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date