2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90023 044 ****50.00

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1. Entity Name
1360 SHARAZAD HOLDINGS, LLC.

Principal Place of Business	Mailing Address
308 CONTINENTAL PLAZA 3250 MARY ST COCONUT GROVE, FL 33133	308 CONTINENTAL PLAZA 3250 MARY ST COCONUT GROVE, FL 33133

04072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
501 CONTINENTAL PLAZA		501 CONTINENTAL PLAZA	
Suite, Apt. #, etc. 3250 MARY STREET		Suite, Apt. #, etc. 3250 MARY STREET	
City & State COCONUT GROVE, FL		City & State COCONUT GROVE, FL	
Zip 33133	Country USA.	Zip 33133	Country USA

4. FEI Number 65-1052810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CRONIG, STEVEN C
307 CONTINENTAL PLAZA
3250 MARY ST
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BERMAN, DANA		NAME	
STREET ADDRESS	3250 MARY ST #308		STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, DAREN		NAME	
STREET ADDRESS	3250 MARY ST #308		STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ______________________ 04/09/04 (305) 341-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #