

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001243

FILED
Apr 30, 2004
Secretary of State

Entity Name: FOURTH COURT PROPERTIES, LLC

Current Principal Place of Business:

6550 N.E. 4TH COURT
MIAMI, FL 33139

New Principal Place of Business:

6550 N.E. 4TH COURT
MIAMI, FL 33138

Current Mailing Address:

6550 N.E. 4TH COURT
MIAMI, FL 33139

New Mailing Address:

6550 N.E. 4TH COURT
MIAMI, FL 33138

FEI Number: 65-1115456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARADY & ZIKAKIS
307 S.E. 14 STREET
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MAIORANA, ANTONIO
Address: 6550 N.E. 4TH COURT
City-St-Zip: MIAMI, FL 33138

Title: MGRM () Delete
Name: HOGAN, VINCENT
Address: 6550 N.E. 4TH COURT
City-St-Zip: MIAMI, FL 33138

Title: MGRM () Delete
Name: RANDALL, WILLIAM
Address: 6550 N.E. 4TH COURT
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTONIO MAIORANA

MGRM

04/30/2004

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