

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90068 046 ****50.00

DOCUMENT # L01000001533					
1. Entity Name ENCLAVE YORK HOUSE, L.L.C.					
Principal Place of Business C/O MELAND & RUSSIN, P.A. 2420 200 S BISCAYNE BLVD MIAMI, FL 33131			Mailing Address 20 S. BISCAYNE 3000 MIAMI, FL 33131		
2. Principal Place of Business 2221 NW 58 Ave Suite, Apt. #, etc.		3. Mailing Address 2221 NW 58 Ave Suite, Apt. #, etc.			
City & State LAUDERHILL FL		City & State LAUDERHILL FL		4. FEI Number 65-1103509	
Zip 33313		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MELAND & RUSSIN, P.A. 3000 WACHOLA FINANCIAL CENTER 200 S. BISCAYNE BLVD. MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: LEROY GOLDSTEIN Street Address (P.O. Box Number is Not Acceptable): 2221 NW 58 Ave City: LAUDERHILL FL Zip Code: 33313		
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: LEROY GOLDSTEIN 7/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME LEROY, GOLDSTEIN STREET ADDRESS 200 S BISCAYNE AVENUE CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2221 NW 58 Ave CITY-ST-ZIP LAUDERHILL FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date: 7/16/04 Daytime Phone #: 954-404-7040		