


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002595 1. Entity Name STUDIO 167, L.L.C.		
Principal Place of Business 3209 NE 169 ST. MIAMI, FL 33160		Mailing Address 80 NE 168TH STREET NORTH MIAMI BEACH, FL 33162
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FEINBERG, JEFFREY 4000 HOLLYWOOD BOULEVARD, SUITE 350-N HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE
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 <u>Jeffrey Feinberg</u> <u>6 July 2004</u> <small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>		
Filing Fee is \$50.00 Due by September 8, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HADAD, ELI 3209 NE 169 ST. MIAMI, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 60B, Florida Statutes. SIGNATURE: <u>Eli Hadad</u> <u>27 April 2004</u> <u>305-634-0626</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



05032004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1077812	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

000000164766
07/09/04-80002-026 55.00

**DO NOT WRITE
IN THIS SPACE**