2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004370

1. Entity Name 111 NE 40 ST., LC

Principal Place of Business

3930 N.E. SECOND AVE. MIAMI, FL 33137 Mailing Address

3930 N.E. SECOND AVE. MIAMI, FL 33137

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



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07012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1101990 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN E 80 SW 8TH STREET, STE 2550 MIAMI, FL 33130

CITY-ST-ZP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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	named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	DIOTE Project and Association and association	exicad when reinstating) DATE
	Signature, typed or printing name or registered agent and their applicable.	(NOTE, Registered Agent signature red	EXPECT WHICH PRESENTING)
fi Du e l	ling Fee is \$50.00 by September 8, 2004	,	000000164606 07/08/04-80015-016 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	ROSEN, NEIL	•	
STREET ADDRESS	3930 NE 2ND AVE		
CITY-ST-ZIP	MIAMI, FL 33137		· ·
TITLE	MGRM		
HAME	ROSEN, ELIZABETH		
STREET ADDRESS	3930 NE 2ND AVE	I I	
CITY-SI-ZIP	MIAMI, FL 33137		
TETLE			
NAME		1	
STREET ADDRESS	Ì	J	DO NOT WOITE

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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:
SIGNATURE AND TYPED ON PRINTED NAME OF STORMS MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/04 31

305-576-5900