

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 DEC 23 AM 11:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000004447
 1. Entity Name
 7700 SW 104TH STREET, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7211 S. W. 62ND AVENUE Suite, Apt. #, etc. SUITE 120 City & State MIAMI, FLORIDA 33143 Zip 33143		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country USA	
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12/23 DO NOT WRITE IN THIS SPACE

4. FEI Number
590630785
Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
 Name GARY C. MATZNER
 Street Address (P.O. Box Number Is Not Acceptable)
 201 S. BISCAYNE BOULEVARD, #2200
 City MIAMI FL Zip Code 33131

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

500009713955
2/27/02--01034--013 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM, RAYMOND WEISBEIN 7211 S. W. 62ND AVENUE, #120 MIAMI, FLORIDA 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

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 808, Florida Statutes.

SIGNATURE: _____ 12/11/02 305-662-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #