2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Mar 05, 2004 08:00 AM Secretary of State DOCUMENT # L01000005722 1. Entity Name 1117 CORDOVA ROAD #2, LLC Principal Place of Business Mailing Address 2844 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306 2844 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Agt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 65-1111582 Not Applicable Ζæ Country Z≀p Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURTIS, CHARLES L ESQ Street Address (P.O. Box Number is Not Acceptable) 1177 S.E. 3RD AVE. FT LAUDERDALE FL 33316 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE Change Addition LEONARD, JANICE M NAME NAME U00000077256 03/05/04-80035-016 50.00 STREET ADDRESS STREET ADDRESS 2844 E. OAKLAND PARK BLVD. CITY-ST-ZIP FT LAUDERDALE FL 33306 CITY-ST-ZIP MGRM Change TIRE ☐ Delete सारा ह Addition NAME. CURTIS, CHARLES L NAME STREET ADDRESS 1119 SE 3RD AVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33316 CITY-ST-ZIP TITS F Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Belete 3173.E Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CHY-SI-ZIP Delete HEE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ₹I₹ŁE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-78 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 608, Florida Statutes.

**FILED** 

2-26-04 954-568-4720