
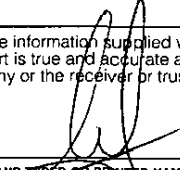


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90024 032 ****55.00

DOCUMENT # L01000006278		
1. Entity Name SEEKIA LLC		
Principal Place of Business 1915 BRICKELL AVE C-PH1 MIAMI, FL 33129	Mailing Address 1915 BRICKELL AVE C-PH1 MIAMI, FL 33129	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LICKSTEIN, FRED K ESQ. 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POMPAS, ARIE 1915 BRICKELL AVE #C-PH1 MIAMI, FL 33129	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POMPAS, ANA 1915 BRICKELL AVE #C-PH1 MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 608, Florida Statutes.		
SIGNATURE:  Arie Pompas		Date 4/7/04 Daytime Phone # (305) 860-3323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #