

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90218 049 ****50.00

DOCUMENT # L01000006821

1. Entity Name
ETAM FLORIDA, LLC



Principal Place of Business

**1455 OCEAN DRIVE
SUITE 1406
MIAMI BEACH, FL 33139**

Mailing Address

**1455 OCEAN DRIVE
SUITE 1406
MIAMI BEACH, FL 33139**



03222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1099128

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LINDEMANN, GEORGE
1455 OCEAN DRIVE
SUITE 1406
MIAMI BEACH, FL 33139**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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	MGR LINDEMANN, HENRY 1455 OCEAN DRIVE, SUITE 1406 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDEMANN, GEORGE 1455 OCEAN DRIVE, SUITE 1406 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LINDEMANN, CHRISTINA 1455 OCEAN DRIVE, SUITE 1406 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: George Lindemann

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

3-29-04

Date

Daytime Phone #