


**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<br>1. Entity Name<br>ETAM FLORIDA, LLC |  |
|--|---|

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|--|--|
| Principal Place of Business<br>1455 OCEAN DRIVE<br>SUITE 1406<br>MIAMI BEACH, FL 33139 | Mailing Address<br>1455 OCEAN DRIVE<br>SUITE 1406<br>MIAMI BEACH, FL 33139 |
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03222004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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|---|--------------------------------|
| 4. FEI Number<br>65-1099128                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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

**DO NOT WRITE 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 3-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #