


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90301 044 \*\*\*\*50.00

<b>DOCUMENT # L01000007836</b>	
1. Entity Name LITTLE HAVANA COIN LAUNDRY, LC	

Principal Place of Business 1661 WEST FLAGLER STREET MIAMI FL 33135	Mailing Address 1661 WEST FLAGLER STREET MIAMI FL 33135
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2. Principal Place of Business 558 NE 66th Street Suite, Apt. #, etc.	3. Mailing Address 558 NE 66th Street Suite, Apt. #, etc.
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MOORE CR2E083 (11/03)

City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 65-1105463	Applied For <input type="checkbox"/> Not Applicable
Zip 33138	Country USA	Zip 33138	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
HOFFMAN, JEFFREY A 1661 WEST FLAGLER STREET MIAMI FL 33135

<b>7. Name and Address of New Registered Agent</b>
Name JEFFREY A. HOFFMAN
Street Address (P.O. Box Number is Not Acceptable) 558 NE 66th Street
City Miami
State FL
Zip Code 33138

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.

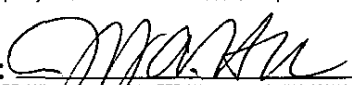
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFMAN, JEFFREY A 1661 WEST FLAGLER STREET MIAMI FL 33135 <i>(address change only)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEFFREY A. HOFFMAN 558 NE 66th Street Miami, Florida, 33138. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:**  JEFFREY A. HOFFMAN *(305)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: 03/22/04 Daytime Phone #: 631-8010