

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000010163

**FILED**  
**May 01, 2004**  
**Secretary of State**

**Entity Name:** JOSEPH M. BARISIC, PLLC

**Current Principal Place of Business:**

1680 MICHIGAN AVENUE, SUITE 1001  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

1521 ALTON ROAD  
SUITE 111  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1680 MICHIGAN AVENUE, SUITE 1001  
MIAMI BEACH, FL 33139

**New Mailing Address:**

1521 ALTON ROAD  
SUITE 111  
MIAMI BEACH, FL 33139

**FEI Number:** 65-1118583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARISIC, JOSEPH M  
1680 MICHIGAN AVENUE, SUITE 1001  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

BARISIC, JOSEPH M  
1521 ALTON ROAD  
SUITE 111  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: JOSEPH M BARISIC

05/01/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: BARISIC, JOSEPH M  
Address: 1680 MICHIGAN AVENUE, SUITE 1001  
City-St-Zip: MIAMI, FL 33139

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARISIC, JOSEPH M  
Address: 1521 ALTON ROAD, SUITE 111  
City-St-Zip: MIAMI, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH M BARISIC

MGRM

05/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date