


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

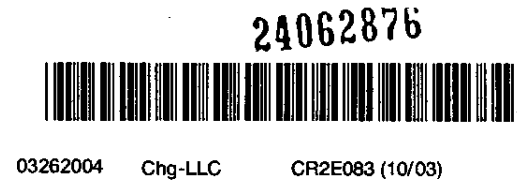
05-03-2004 90118 025 \*\*\*\*\*50.00

<b>DOCUMENT # L01000012357</b>	
1. Entity Name <b>OROT CITY, L.L.C.</b>	

Principal Place of Business <b>321 JEFFERSON ST. 2ND FLOOR HOLLYWOOD, FL 33019</b>	Mailing Address <b>321 JEFFERSON ST. 2ND FLOOR HOLLYWOOD, FL 33019</b>
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2. Principal Place of Business <b>18851 N.E. 29<sup>th</sup> AVE.</b>	3. Mailing Address <b>18851 N.E. 29<sup>th</sup> AVE.</b>
Suite, Apt. #, etc. <b>722</b>	Suite, Apt. #, etc. <b>722</b>

City & State <b>AVENTURA, FLA.</b>	City & State <b>AVENTURA, FLA.</b>
Zip <b>33180</b>	Zip <b>33180</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>



4. FEI Number <b>65-1124876</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>ROUSSO, MARK E 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD, FL 33021</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

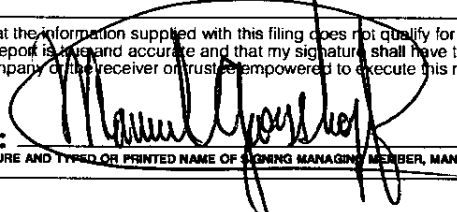
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSKOPF, MANUEL 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18851 N.E. 29<sup>th</sup> AVE. #722 AVENTURA, FLA. 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAAL, JOSE NORBERTO 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18851 N.E. 29<sup>th</sup> AVE. #722 AVENTURA, FLA. 33180</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  \_\_\_\_\_

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