

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90232 040 \*\*\*\*50.00

<b>DOCUMENT # L01000012713</b>			
<b>1. Entity Name</b> ANGELS GARAGES LLC			
<b>Principal Place of Business</b> 4149 S.W. 47TH AVENUE, SUITE #40 DAVIE, FL 33314		<b>Mailing Address</b> 4149 S.W. 47TH AVENUE, SUITE #40 DAVIE, FL 33314	
<b>2. Principal Place of Business</b> 4021 N. 41st.		<b>3. Mailing Address</b> 4021 N. 41st.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Hollywood FL		<b>City &amp; State</b> Hollywood FL	
<b>Zip</b> 33021		<b>Country</b> USA	
<b>4. FEI Number</b> 36-4459764		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  JACOBY, ALAN 5630 OAKTREE AVENUE HOLLYWOOD, FL 33312		<b>7. Name and Address of New Registered Agent</b> Name <u>Alan Jacoby</u> Street Address (P.O. Box Number is Not Acceptable) 4021 N. 41st Street City <u>Hollywood</u> <b>FL</b> Zip Code <u>33021</u>	
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>7/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> JACOBY, ALAN 4021 NORTH 41ST STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> JACOBY, RACHEL 4021 NORTH 41ST STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>7/14/04</u> Daytime Phone #: <u>954-914-9079</u>	