


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000014093**  
 1. Entity Name  
**JOSHUA TREE MANAGEMENT, L.L.C.**



Principal Place of Business      Mailing Address  
 5722 S. FLAMINGO RD., STE. 309      5722 S. FLAMINGO RD., STE. 309  
 FT LAUDERDALE, FL 33330      FT LAUDERDALE, FL 33330

**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>65-1137397</b>	Applied For 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  
 ATRIUM REGISTERED AGENTS, INC.  
 1500 SAN REMO AVE., STE. 125  
 CORAL GABLES, FL 33146

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

U00000161432  
 05/24/04-80008-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARIN, A. KEMAL 5722 S. FLAMINGO RD., STE. 309 FT LAUDERDALE, FL 33330
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *A. Kemal Arin*      5/19/04      954-252-9591  
SIGNATURE OVERWRITTEN ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #