## 2004 I IMITED LIABILITY COMPANY

## **FILED**

| ANNUAL REPORT  |   |   |                        | May 03, 2004 08:00 All Secretary of State    |  |
|--|---|---|------------------------|--|--|
| 1. Entity Name   | MENT # L010000<br>LDINGS, LLC   | )14704  |                        | Secre  | tary of State                                  |
| Principal Place<br>7130 SW 44<br>MIAMI, FL 33  | STREET  | Mailing Address<br>7130 SW 44 STREET<br>MIAMI, FL 33155-4611                                      | :                      |  |  |
| DO NOT WRITE IN THIS SPACE   |   |   | CE                     | (LO10000<br>04212004 No Chg-LLC              | 014704C) CR2E083 (10/03)                       |
|  |   |   |                        | 65-1136195  5. Certificate of Status Desired | Not Applicable  \$5.00 Additional Fee Required |
| 7130 SW 4  | 6. Name and Address of Cu<br>LIN, ANA M<br>14 STREET<br>33155-4611  | rrent Registered Agent  |                        | DO NOT WE                                    |  |
| the obligat  | named entity submits this stater ions of registered agent.  Signature, typed or printed name of registered litting Fee is \$50.00 ue by May 1, 2004 | nent for the purpose of changing its register<br>and agent and tile all applicable. (NOTE, Pegste | ered office or registe |  | da. I am familiar with, and accept  DATE       |
| 9. ITTLE NAME STREET ADDRESS GITY-ST-ZIP TITLE | MANAGING N MGRM SUMMERLIN, ANA M 7130 SW 44 STREET MIAMI, FL 33155  | IEMBERS/MANAGERS  | <u></u>                | DO NOT WI                                    |  |
| NAME<br>STORET ADDRESS   | }   |   | 1                      |  |  |

11. Thereby 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE