


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90186 048 ****50.00

DOCUMENT # L01000015280	
--------------------------------	---

Principal Place of Business 1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131	Mailing Address 1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131
--	--

2. Principal Place of Business 1390 Brickell Ave.	3. Mailing Address 1390 Brickell Ave.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200

City & State Miami - Florida	City & State Miami - Florida
---------------------------------	---------------------------------

Zip 33131	Country USA	Zip 33131	Country USA
--------------	----------------	--------------	----------------

04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1135331	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

AGRAMUNT, LUIS 1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Luis Agramunt
Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Ave., Suite 200
City Miami
State FL
Zip Code 33131

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 04/15/2004
---	--------------------

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
---	--

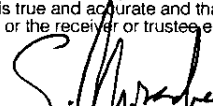
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODWARD, RANDALL W 1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1390 Brickell Ave., Suite 200 Miami, Florida 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.

SIGNATURE: 	DATE 04/15/2004	DAYTIME PHONE # 305-373.5802
---	--------------------	---------------------------------

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

Date

Daytime Phone #