

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90016 015 ****50.00

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1. Entity Name
 2214 LLC



Principal Place of Business
 2214 NORTH MIAMI AVENUE
 MIAMI, FL 33127 US

Mailing Address
 C/O DAVID VARDI 2214666
~~1865 79ST CSWY. 15/0~~
 NORTH BAY VILLAGE, FL 33141 US

*PO Box 370463
 Miami FL 33137*

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 370463
 Suite, Apt. #, etc.

City & State
 MIAMI, FL

City & State
 MIAMI, FL

Zip
 33137

Country

04082004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 26-0009992

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VARDI, DAVID
~~1865 79ST CSWY. APT. 15/0~~
~~NORTH BAY VILLAGE, FL 33141~~

*PO Box 370463
 Miami FL 33137*

7. Name and Address of New Registered Agent

Name
 VARDI, DAVID

Street Address (P.O. Box Number is Not Acceptable)
 2214 N. MIAMI AVE

City
 MIAMI

FL Zip Code
 33127

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 *David Vardi*

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

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARDI, DAVID 1865 79ST CSWY. APT. 15/0 NORTH BAY VILLAGE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARDI, DAVID P.O. Box 370463 MIAMI, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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: *David Vardi*

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