

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000017073

**FILED**  
**Apr 15, 2004**  
**Secretary of State**

**Entity Name:** 123 MADEIRA, L.L.C.

**Current Principal Place of Business:**

123 MADEIRA AVE.  
#201  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

84 WEST SHORE DRIVE  
MIAMI, FL 33133 US

**Current Mailing Address:**

PO BOX 330362  
COCONUT GROVE, FL 33233 US

**New Mailing Address:**

**FEI Number:** 65-1144029      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAMIZO, MANUEL  
123 MADEIRA AVE.  
#201  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

CHAMIZO, MANUEL  
PO BOX 330362  
COCONUT GROVE, FL 33233 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/15/2004

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CHAMIZO, MANUEL  
Address: 123 MADEIRA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MANUEL CHAMIZO

MGR

04/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date