

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017631

Entity Name: SULY PROPERTIES, LLC

FILED  
Apr 28, 2004  
Secretary of State

## Current Principal Place of Business:

1000 PONCE DE LEON BLVD.  
SUITE 329  
CORAL GABLES, FL 33134

## Current Mailing Address:

P. O. BOX 140309  
CORAL GABLES, FL 33114

## New Principal Place of Business:

3650 N. FEDERAL HIGHWAY  
SUITE 210  
LIGHTHOUSE POINT, FL 33064

## New Mailing Address:

P. O. BOX 50128  
LIGHTHOUSE POINT, FL 33074

FEI Number: 65-1147591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CELESTRIN, BELKIS M  
1000 PONCE DE LEON BLVD.  
SUITE 329  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CELESTRIN, BELKIS M  
P. O. BOX 50128  
LIGHTHOUSE POINT, FL 33074 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: BELKIS M CELESTRIN

04/28/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: CELESTRIN, BELKIS M  
Address: 1000 PONCE DE LEON BLVD., SUITE 329  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CELESTRIN, BELKIS M  
Address: P. O. BOX 50128  
City-St-Zip: LIGHTHOUSE POINT, FL 33074

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: BELKIS M CELESTRIN

MGR

04/28/2004

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