




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90077 003 ****50.00

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|---|---|--|------------------------------|--|--|
| DOCUMENT # L01000017869 1. Entity Name 121 STORE LLC | | | |  | |
| Principal Place of Business 2265 NW 7 ST 2ND FL., #204 MIAMI, FL 33125 | | | | Mailing Address 2265 NW 7 ST 2ND FL., #204 MIAMI, FL 33125 | |
| 2. Principal Place of Business 439 POINCIANA ISLAND DR | | 3. Mailing Address 439 POINCIANA ISLAND DR | |  | |
| Suite, Apt. #, etc. NORTH MIAMI BEACH, FL | | Suite, Apt. #, etc. NORTH MIAMI BEACH, FL | | 04242004 Chg-LLC CR2E083 (10/03) | |
| City & State NORTH MIAMI BEACH, FL | | City & State NORTH MIAMI BEACH, FL | | 4. FEI Number 65-1146023 | |
| Zip 33160 | | Country MIAMI DADE | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GOETT, ADRIAN F 3230 SW 60 AV. MIAMI, FL 33155 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (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 GOETT, ADRIAN F 3230 SW 60 AV. MIAMI, FL 33155 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SIROIT, GASTON 439 POINCIANA ISLAND DR NORTH MIAMI BEACH, FL 33160 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CANELO, DANIEL 13795 NE 20 PL NORTH MIAMI, FL 33181 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CANELO, DANIEL 13795 NE 20 PL NORTH MIAMI, FL 33181 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |
| Date: 4-20-04 Daytime Phone: 786-326-1112 | | | | | |