


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90081 013 ****50.00

DOCUMENT # L01000021242	
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1. Entity Name SUCCESSFUL LLC	Principal Place of Business 2833 BIRD AVE. MIAMI, FL 33133	Mailing Address 2833 BIRD AVE. MIAMI, FL 33133
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2. Principal Place of Business 800 Crandon Blvd Suite, Apt. #, etc. 207	3. Mailing Address 445 Grand Bay Drive Suite, Apt. #, etc. Unit # 210
City & State Key Biscayne, FL Zip 33149	City & State Key Biscayne FL Zip 33149

04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number 85-0485329	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MENDOZA, HUGO 445 GRAND BAY DRIVE., UNIT 210 KEY BISCAINE, FL 33149

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.

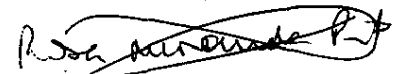
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MENDOZA, HUGO		NAME Mendoza Hugo	
STREET ADDRESS 2833 BIRD AVENUE		STREET ADDRESS 800 Crandon Blvd GT # 207	
CITY-ST-ZIP MIAMI, FL 33133		CITY-ST-ZIP Key Biscayne FL, 33149	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIRANDA, ROSA F		NAME	
STREET ADDRESS 445 GRAND BAY DRIVE, UNIT 210		STREET ADDRESS	
CITY-ST-ZIP KEY BISCAINE, FL 33149		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **4/28/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**