

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90287 033 ****50.00

DOCUMENT # L02000000686

1. Entity Name

1590 N.E. 118TH STREET, LLC



Principal Place of Business

3550 BISCAYNE BLVD
#402
MIAMI FL 33137

Mailing Address

3550 BISCAYNE BLVD
#402
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

37-1422962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, BONNIE S CPA
9050 PINES BLVD
STE 384
HOLLYWOOD FL 33024

Name

BONNIE S MILLER CPA

Street Address (P.O. Box Number is Not Acceptable)

9050 PINES BLVD #384

City

PEMBROKE PINES

FL

Zip Code

33024

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

Bonnie S Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MELTZER, ANDREW
STREET ADDRESS 3550 BISCAYNE BLVD #402
CITY-ST-ZIP MIAMI FL 33137

TITLE MGR ☐ Delete
NAME KERZNER, PAUL
STREET ADDRESS 3550 BISCAYNE BLVD #402
CITY-ST-ZIP MIAMI FL 33137

TITLE MGR ☐ Delete
NAME MELTZER, LOUIS
STREET ADDRESS 3550 BISCAYNE BLVD #402
CITY-ST-ZIP MIAMI FL 33137

TITLE MGR ☐ Delete
NAME BARBAGALLO, GREG
STREET ADDRESS 3550 BISCAYNE BLVD #402
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

Andrew Meltzer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/04 605 573-1577