2004 LIMITED LIABILITY COMPANY . ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000000792

1. Entity Name CB@242, LLC



Principal Place of Business

2901 SW 8 STREET SUITE 204 MIAMI, FL 33135

Mailing Address

6861 WEST 30TH COURT HIALEAH, FL 33018

FILED Apr 26, 2004 08:00 AM Secretary of State



01152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 74-3034798 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

MANAGING MEMBERS/MANAGERS

GAMIZ, TOMAS O 6861 WEST 30TH COURT HIALEAH, FL 33018

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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	Lam familiar with, and accept
	the obligations of registered agent.	

(NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

	NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAMIZ, TOMAS O 6861 WEST 30TH COURT HIALEAH, FL 33018
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAMIZ, ORLANDO 6861 WEST 30TH COURT HIALEAH, FL 33018
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	TITLE NAME STREET ADDRESS CITY+S1-ZIP	
	TITLE NAME STREET ADDRESS GITY-ST-ZIP	
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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

677712 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST ZIP

01-15-04

305)362-608<u>3</u>