

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000004518

1. Entity Name
920 MYSTIC POINT L.L.C.



Principal Place of Business
4101 PINETREE DR. #1204
MIAMI BEACH, FL 33140

Mailing Address
4550 N BAY RD
MIAMI BEACH, FL 33140



02092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0174469

Applied For
(Not Applicable)

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERMAN, JUDITH
4550 N BAY RD
MIAMI BEACH, FL 33140

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when replacement)

DATE _____

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

U000000048691

02/12/04-80091-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GASPAR, EVELYN
STREET ADDRESS	4101 PINETREE DR. #1204
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	
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IN THIS SPACE**

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: Evelyn Gaspar

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

02/09/04 954-650-0379