## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000004564

CHARLES HENRIQUES L.C.

Principal Place of Business

**5975 SUNSET DRIVE** 

SUITE 702

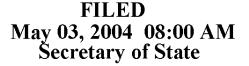
MIAMI, FL 33143-5174

Mailing Address

5975 SUNSET DRIVE

SUITE 702

MIAMI, FL 33143-5174





04282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEMANY, JOAQUIN A 901 PONCE DE LEON BLVD. SUITE 305

CORAL GABLES, FL 33134

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 little if applicable (NOTE, Registered Agent signature required when reinstating)  DATE				DATE	
Filing Fee is \$50.00 Due by May 1, 2004				U00000146300 0\$/03/04-800\$8-022 <b>50.0</b> 0	
9. TITLE NAME STREET ADDRESS CITY+S1-ZIP	MANAGING MEMBERS/MANAGERS MGRM HENRIQUES, CHARLES 5975 SUNSET DR, STE 702 SOUTH MIAMI, FL 331435174				
TUTLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
THILE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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 employment to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS

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