## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Jun 28, 2004 8:00 am Secretary of State

DOCUMENT # L02000005826				Secretary of State
1. Entity Name				06-28-2004 90094 012 ****50.00
THE AGE	NCY, LLC			
Principal Plac	e of Business	Mailing Address	··	
3405 ALHAMBRA CIRCLE 3405 ALHAMBRA CIRCLE				
	BLES FL 33134	CORAL GABLES FL 33134		
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	lace of Business	3. Mailing Address	<u> </u>	
			Street	-   -
Suité, Apt.	#. etc.	Suite, Apt. #, etc.		MOORE CR2E083 (11/03)
City & State		City & State. Miami, Florida		4. FEI Number Applied For Applied For
Miam		MIAMIL FLOY	MM	46-0473113   Not Applicable
3315	Country USA	33155	JSA	5. Certificate of Status Desired Specificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent				
Name Liana W. Rodniavez				
RODRIGUEZ, LIANA M 3405 ALHAMBRA CIRCLE  Street Address (P.O. Box Nu.				(P.O. Box Number is Not Acceptable)
COBAL GABLES:FI-33134				
	·		7172	SW 47 Street
			CityMiam	FL Zig Core 65
8. The above hamed 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, typic or printed name of registered agent and title if operations of the signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$50.00				
Make Check Payable to Florida Department of State				
Due By May 1, 2004				
9.	: MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	RODRIGUEZ, LIANA 13405 ALHAMBRA CIRCLE		NAME STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAL, CHRISTINA	f	NAME	
STREET ADDRESS	3405 ALHAMBRA CIRCLE		STREET ADDRESS	•
CITY-ST-ZIP	CORAL GABLES FL 33134		City-st-zip	
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP		i	STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME		FT Delete	NAME	E Curande E Manifoli
STREET ADDRESS		ľ	STREET ADDRESS	
CITY-ST-ZIP	1		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 hat 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.				

AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER TANAGER, OR ALTHORIZED REPRESENTATIVE