


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

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

06-28-2004 90094 012 \*\*\*\*50.00

**DOCUMENT # L02000005826**

1. Entity Name  
**THE AGENCY, LLC**



Principal Place of Business      Mailing Address  
**3405 ALHAMBRA CIRCLE**      **3405 ALHAMBRA CIRCLE**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**

2. Principal Place of Business      3. Mailing Address  
**7172 SW 47 Street**      **7172 SW 47 Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



MOORE CR2E083 (11/03)

City & State      City & State  
**Miami, Florida**      **Miami, Florida**  
 Zip      Country      Zip      Country  
**33155**      **USA**      **33155**      **USA**

4. FEI Number      Applied For  
**46-0473113**       Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, LIANA M**  
**3405 ALHAMBRA CIRCLE**  
**CORAL GABLES-FL 33134**

7. Name and Address of New Registered Agent  
 Name **Liana M. Rodriguez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7172 SW 47 Street**  
 City **Miami**      FL      Zip Code **33155**

8. The above named entry 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 *Liana Rodriguez*      DATE **6.4.04**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, LIANA 3405 ALHAMBRA CIRCLE CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAL, CHRISTINA 3405 ALHAMBRA CIRCLE CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Liana Rodriguez*      Date **6.4.04**      Daytime Phone # **305.662.7152 ext 100**