


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90062 028 ****50.00

DOCUMENT # L02000006872	
1. Entity Name LIVING CELEBRATION, L.C.	

Principal Place of Business 1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131	Mailing Address 1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131
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2. Principal Place of Business 1390 Brickell Ave.	3. Mailing Address 1390 Brickell Ave.
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200

04272004 Chg-LLC CR2E083 (10/03)

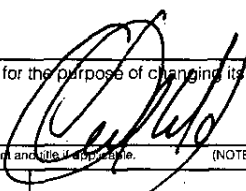
City & State Miami - Florida	City & State Miami - Florida
Zip 33131	Country USA

4. FEI Number 65-0340184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent AGRAMUNT, LUIS 1221 BRICKELL AVE. SUITE 1100 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name Luis Agramunt	
Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Ave., suite 200	
City Miami	Zip Code FL 33131

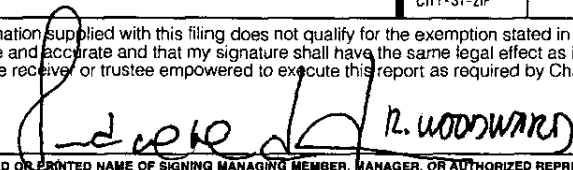
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **04/27/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODWARD, RANDALL W 1221 BRICKELL AVE. MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1390 Brickell Ave., Suite 200 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:  **04/27/04** **305-373-5802**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #