

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008706

FILED
Apr 19, 2004
Secretary of State

Entity Name: 520 NE 9TH AVE ASSOCIATES L.L.C.

Current Principal Place of Business:

820 NE 17 WAY
UNIT 3
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

828 NE 17 WAY
UNIT 3
FORT LAUDERDALE, FL 33304

Current Mailing Address:

P.O. BOX 4567
FORT LAUDERDALE, FL 33338

New Mailing Address:

FEI Number: 03-0425859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADDISON, PETER
820 NE 17 WAY
FORT LAUDERDALE, FL 33304

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ADDISON, PETER
Address: 820 NE 17TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM () Delete
Name: ADDISON, CRISTINA
Address: 820 NE 17TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SUCTLIFF, COLIN
Address: 828 NE 17TH WAY-UNIT #3
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PETER ADDISON

MGRM

04/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date