# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 30, 2004**
**Secretary of State**

DOCUMENT# L02000009141

**Entity Name:** MORGAN REED MI1 LLC

**Current Principal Place of Business:**

OFFICE OF ROBERT DANIAL
5151 COLLINS AVENUE, SUITE 1727
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

OFFICE OF ROBERT DANIAL
5151 COLLINS AVENUE, SUITE 1727
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number: 73-1638575** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANIAL, ROBERT
5151 COLLINS AVENUE, SUITE 1727
MIAMI BEACH, FL 33140 US

**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: DAVIA, ROBERY
Address: 6151 COLLINS AVE STE 1723
City-St-Zip: MIAMI BEACH, FL 33140

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: DANIAL, ROBERT
Address: 5151 COLLINS AVE STE 1727
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Change (X) Addition
Name: SABET, MICHAEL
Address: 5151 COLLINS AVE, SUITE 1727
City-St-Zip: MIAMI BEACH, FL 33140

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: ROBERT DANIAL MGRM 04/30/2004

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