

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90083 016 ****50.00

DOCUMENT # L02000010789

1. Entity Name
INSIDE PROPERTY MANAGEMENT, L.L.C.



Principal Place of Business
**C/O ALLEN & GALEGO
601 BRICKELL KEY DRIVE, SUITE 805
MIAMI, FL 33131**

Mailing Address
**C/O ALLEN & GALEGO
601 BRICKELL KEY DRIVE, SUITE 805
MIAMI, FL 33131**

24061385



2. Principal Place of Business
C/O Robert Allen Law
Suite, Apt. #, etc.
1441 Brickell Ave., Suite 1014
City & State
MIAMI, FL
Zip
33131

3. Mailing Address
C/O Robert Allen Law
Suite, Apt. #, etc.
1441 Brickell Ave., Suite 1014
City & State
MIAMI, FL
Zip
33131

04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number
16-1632485

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLEN & GALEGO
601 BRICKELL KEY DRIVE, SUITE 805
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Robert Allen Law**
Street Address (P.O. Box Number is Not Acceptable)
1441 Brickell Ave.
Suite 1014
City **MIAMI** FL Zip Code **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

By: Robert N. Allen, Jr. President 4/29/04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SALAZAR PERALTA, LUIS F
601 BRICKELL KEY DRIVE, #805
MIAMI, FL 33131** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SALAZAR PERALTA, LUIS F
1441 Brickell Ave. Suite 1014
MIAMI, FL 33131** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Robert N. Allen, Jr. 4/29/04 305-372-3300