

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90449 040 ****50.00

DOCUMENT # L02000011964						
1. Entity Name PEONIAS LLC						
Principal Place of Business 2826 CRYSTAL COURT COCONUT GROVE, FL 33133			Mailing Address 2826 CRYSTAL COURT COCONUT GROVE, FL 33133			
2. Principal Place of Business 1717 N. FLETCHER AVE. Suite, Apt. #, etc.		3. Mailing Address 1717 N. FLETCHER AVE Suite, Apt. #, etc.				
City & State FERNANDINA BEACH, FL		City & State FERNANDINA BEACH, FL		4. FEI Number 36-4506476		
Zip 32034		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MATAS, RAQUEL M ESQ FERRELL SCHULTZ CARTER ZUMPARNO & FERTEL 201 SOUTH BISCAYNE BOULEVARD, 34TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (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				
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BASALO, GUSTAVO A 2826 CRYSTAL COURT COCONUT GROVE, FL 33133		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARTAGENA, MARIA J 15 EAST 36th ST, APT 3C NEW YORK, NY 10016	
MGRM KNIGHT, KATHERINE 1717 N. FLETCHER AVE FERNANDINA BEACH, FL 32034			<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
MGRM _____ _____ _____			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
MGRM _____ _____ _____			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
MGRM _____ _____ _____			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
MGRM _____ _____ _____			<input type="checkbox"/> Delete	<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: <i>KatL...</i>			4-19-04 912-427-6961			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #			