

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L02000013806

1. Entity Name

FRIENDLY PROPERTIES OF MIAMI, LLC



**FILED
Mar 18, 2004 8:00 am
Secretary of State**

03-18-2004 90186 007 ****50.00

Principal Place of Business
23110 S.R. 54
#323
LUTZ FL 33549

Mailing Address
23110 S.R. 54
#323
LUTZ FL 33549

2. Principal Place of Business
1830 BRUCE B. DOWNS BLVD

3. Mailing Address
Suite, Apt. #, etc.

City & State
WESLEY CHAPEL, FL

City & State

Zip
33543

Zip
Country

4. FEI Number
48-1269029

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUPTA, NITA
23110 S.R. 54 #323
LUTZ FL 33549

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

N. Gupta

3/12/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

| | | | | |
|--|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GUPTA, NITA 23110 S.R. 54, #323 LUTZ FL 33549 | <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:

N. Gupta

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

3/12/04 813-907-8200

Date

Daytime Phone #