


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000015039  
 1. Entity Name  
 401 SOUTHWIND, LLC



Principal Place of Business 3902 BURNS ROAD PALM BEACH GARDENS, FL 33410	Mailing Address 3902 BURNS ROAD PALM BEACH GARDENS, FL 33410
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**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 43-1964817	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 FINE, SEYMOUR A  
 106 QUAYSIDE DRIVE  
 JUPITER, FL 33477

**DO NOT WRITE IN THIS SPACE**

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 reissuing) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FINE, KAREN 1460 SW 159 AVE. PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SEYMOUR, FINE A 106 QUAYSIDE DR. JUPITER, FL 33027
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U00000113597  
 04/15/04-80016-005 \$0.00

**DO NOT WRITE IN THIS SPACE**

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: *Seymour A Fine* 4/13/04 561-627-1600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #