
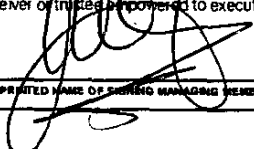


Mar. 3. 2004 4:29PM

### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

# FILED Apr 09, 2004 8:00 am Secretary of State

04-09-2004 90213 021 \*\*\*\*50.00

<b>DOCUMENT # L02000015149</b>			
1. Entity Name <b>WEST DIXIE LLC</b>			
Principal Place of Business <b>21010 W DIXIE HWY MIAMI, FL 33180</b>		Mailing Address <b>21010 W. DIXIE HWY MIAMI, FL 33180</b>	
2. Principal Place of Business <b>19941 NE 23 AVE</b>		3. Mailing Address <b>19941 NE 23 AVE</b>	
Suite, Apt. #, etc. <b>MIAMI FL 33180</b>		Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33180</b>		Zip <b>33180</b>	
Country		Country	
4. FEI Number <b>41-2087035</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GREENSPAN, STEVEN A ESQUIRE 19495 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NO I.E. Registered Agent signature required when reissuing) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARIANOWSKY, JAYIR <input type="checkbox"/> Delete 21010 W DIXIE HWY MIAMI, FL 33180	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARIANOWSKY JAYIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19941 NE 23 AVE MIAMI FL. 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 		Date: <b>MARIANOWSKY JAYIR 03/19/04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	